



Canadian Urban Transit Association

SPECIALIZED TRANSIT ELIGIBILITY CERTIFICATION PROGRAMS

Overview of Canadian and U.S. Experience

2013



Canadian Specialized Transit Eligibility Certification Program Overview of U.S. and Canadian Experience

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1 INTRODUCTION

The Canadian Urban Transit Association (CUTA) has sponsored a member funded research study of specialized transit¹ eligibility certification programs in Canada. This report is the first step in the development of a voluntary Code of Practice based upon industry best practices that can be customized and adopted by transit systems throughout Canada. CUTA retained Nelson\Nygaard Consulting Associates, a U.S.-based transportation consulting firm with extensive experience in the field of specialized transit eligibility programs, including work specifically in a number of Canadian cities, to document the Canadian experience and draw on best practices from the U.S. Nelson\Nygaard was assisted in this effort by the Western Canada-based firm Urban Systems, and Jacques Lussier of Québec.

This paper is an overview and backgrounder on eligibility programs and sets the context for the Canadian Code of Practice for Determining Eligibility for Specialized Transit. It provides groundbreaking research on eligibility practices in Canada, followed by lessons learned from over two decades of experience in the U.S. following the implementation of the Americans with Disabilities Act (ADA) in 1990. The full outcome of this research includes this report, the Canadian Code of Practice for Determining Eligibility for Specialized Transit, and a report of implementation strategies created to encourage implementation of the Code of Practice in a wide variety of geographic and organizational contexts.

METHODOLOGY

In order to gather information from a broad range of specialized transit programs throughout Canada, with greater focus on a selected sampling of systems, the team adopted a multi-pronged approach. In close consultation with the CUTA project manager and the project steering committee, Nelson/Nygaard presented the study to a group of attendees at CUTA's 2012 Fall conference in Québec City; conducted an electronic survey of all transit systems in CUTA's database; conducted in-depth telephone interviews with 20 Canadian systems; and reviewed a range of documents pertinent to the study. The focus of these efforts was to document the range of eligibility certification processes throughout Canada, both their strengths and their weaknesses

While the actual eligibility criteria used in each system was not the focus of this study (as opposed to eligibility models), we also gathered information about eligibility criteria and pertinent legislation that may have guided the development of their adopted

¹ Note: the term "specialized transit" is used throughout the Canadian section of this report. This is standard usage for CUTA studies. "Paratransit" is frequently used in Québec and in Ontario, and is always used throughout the U.S. "Custom" transit is often used in British Columbia.

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models. These can be found in the Appendices. The team then documented best practices in the U.S., with the purpose of determining lessons that have been learned over the years that could benefit Canadian systems as they adopt more accurate and effective eligibility models.

KEY FINDINGS

- The majority of Canadian specialized transit systems rely on paper-based eligibility programs with a requirement for medical verification. While a number of large systems have introduced some form of in-person assessment, Metro Vancouver is one notable exception.
- A handful of systems rely on in-person interviews and functional assessments to make determinations. Examples of the former are Toronto and Calgary, and of the latter Winnipeg and London. Hamilton is the most recent Canadian system to implement functional assessments for a portion of their applicants, having begun implementation in November 2012.
- In response to a survey question regarding eligibility program effectiveness, systems that do not believe that their program is effective (all paper-based) cite problems such as: the medical person will simply sign the form; based only on the opinion of the applicant, not a third party assessment; health care professionals do not always provide accurate and complete information; health care professionals may not be aware of the level of accessibility on conventional transit options; difficult to assess from paper; program has been inconsistently applied.
- The majority of systems provide eligibility for life to applicants without a requirement to recertify
- Most systems grant unconditional eligibility to almost all applicants
- A few systems apply conditions to a small proportion of their registrants, usually based on seasonal considerations (i.e. only eligible during the winter months)
- Systems that use in-person assessments tend to have fairly stable application volumes, whereas those that rely primarily on paper applications are more likely to have seen steady increases in the past five years
- The largest cities that include in-person assessments spend more than \$500,000 annually on the eligibility function, whereas the majority of systems spend less than \$100,000 on this function.
- Most systems report significant increases in ridership and costs during the past five years, particularly those that rely on paper-based certification processes.
- Many systems report trip denials of two percent or less. However, when asked whether a rider can request a non-essential trip (e.g. to the hairdresser) during

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peak hours the next morning, most systems indicate that this is highly unlikely. This suggests that while many systems officially appear to have available capacity, they are in fact severely constrained and there is likely to be significant latent or “discouraged” demand. Systems in Québec appear to be an exception to this rule, as agencies reportedly are able to meet all trip requests, regardless of trip purpose or time of day.

- While some systems with in-person assessments report significant community support for their enhanced eligibility model, others indicate a reluctance to spend more money on the eligibility function.
- A key lesson learned is that when making a specialized transit system more user-friendly (or complying with legal requirements such as the AODA’s fare parity), it is important to first have an accurate eligibility process in place to avoid increasing costs.

2 ELECTRONIC SURVEY OF CANADIAN SPECIALIZED TRANSIT SYSTEMS

The Nelson\Nygaard team used the Survey Monkey tool as a means of generating a high level picture of eligibility programs throughout Canada. The team used these responses as the basis for selecting systems for more in-depth analysis via individualized telephone surveys, and to refine the survey protocol to be used in those telephone interviews. The survey asked three fundamental questions related to eligibility screening:

- Do you have an eligibility screening process?
- How do you screen applicants for eligibility at your specialized transit program?
- Do you believe your eligibility screening process is effective at determining applicants' inability to ride conventional transit?

In addition, respondents were asked if they would be willing to be interviewed on this topic, and if so, to provide contact information.

The survey was distributed on November 9, 2012, and systems were given a month to respond. A total of 67 agencies were solicited for information, and 31 agencies filled out the survey (an excellent response rate of 46percent). Of the 31 respondents, 28 were willing to be interviewed on the topic. A complete list of respondents may be found in Appendix 1.

Below is a summary of findings for each of the survey questions.

Q1: Do you have an eligibility screening process?

Of 31 respondents, 29 have a screening process, while two do not.

Q2: How do you screen applicants for eligibility at your custom/specialized transit program? Please select all that apply.

The available choices and responses were:

Answer Options	Response Percent	Response Count
Paper application	100.0%	29
Medical verification	75.9%	22
In-person functional assessment	20.7%	6
Telephone interview	10.3%	3
In-person interview	3.4%	1
Other (please specify)		4

Note: Since some systems use more than one approach as part of their screening process, the percentages exceed 100%.

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The four respondents answering “other” clarified their processes and how the screening tools were related to each other, as follows.

- *Medical verification only if required, based on unclear information in the paper application.*
- *May interview if application is questionable.*
- *Interviews and assessments are not done for all applicants.*
- *“We have a step 2 interview panel for a small number of applicants”.*

Q3: Do you believe your eligibility screening process is effective at determining applicants’ inability to ride conventional transit? Please describe in the box below why it is effective, or if it is not effective, what the challenges are in your model.

Of the 29 respondents answering this question, 59 percent believed their process was effective. The most frequently cited reason was an objective screening process, often provided by a third party.

- *At this time this method is effective as all applications go through the NWT Disability Council for screening and they are familiar with most applicants.*
- *OT (occupational therapist) does the assessment of all who need one, so everyone is getting measured by the same yardstick.*

The other factor commonly cited was the ability to get further confirmation on the abilities of the patron after they were approved.

- *We have drivers who give us feedback regarding mobility when they first pick up the rider.*
- *Our drivers report any client they 'reasonably feel' is not qualified and our office follows up from there.*

Forty-seven percent of respondents reported challenges in their eligibility screening process. Those reporting challenges cited the lack of accurate and objective information on the applicant, often due to a lack of resources.

- *Our application form ... requires a medical practitioner to sign off. Very often the medical person will simply sign the form, and the applicant will complete the rest. Due to limited resources, we do not have the ability to call every applicant into our office for an interview.*
- *Applicants have a tendency to direct physicians in what they want on the application.*

Another common concern was a lack of specificity regarding the functional aspects in the screening process.

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- *The medical verification form is only used sometimes, and isn't effective since physicians aren't familiar with specific bus-related functions.*
- *We're moving to in-person interviews as we think we don't get a good assessment of their abilities ... the members say over and over that the paper application doesn't cover what they can actually do or not do.*

3 IN-DEPTH SURVEY OF A SAMPLE OF CANADIAN SPECIALIZED TRANSIT SYSTEMS

During the months of November and December 2012, the Nelson\Nygaard team conducted telephone interviews with 20 specialized transit systems throughout Canada. The list of systems that were interviewed and the populations they served is indicated below. The sample was intended to reflect the diversity of systems in the country, and therefore encompassed at least one system in every province, and one in the Yukon. Of the 20 surveyed, five systems served jurisdictions with populations from below 150,000 seven between 150,000 and 500,000, and eight over 500,000.

The sample was also weighted slightly in favor of systems in Ontario and Québec for a couple of reasons. These are the only two provinces with legislation that provides specific guidance in this field, namely the *Accessibility for Ontarians with Disabilities Act (AODA)* and the ministère des Transports du Québec’s official *Paratransit Eligibility Policy*. Moreover, these provinces have larger populations with a greater number of specialized transit systems, and therefore were more heavily represented in the sample.

Figure 3-1 Specialized Transit Systems Interviewed

Service	Jurisdiction	Population Served
TTC Wheel Trans	Toronto	2,600,000
TransLink HandyDART	Metro Vancouver	2,100,000
Montreal STM Transport adapté	Montreal	1,900,000
TransHelp	Peel Region	1,300,000
Calgary Transit	Calgary	1,100,000
Para Transpo	Ottawa	927,000
Handi-Transit	Winnipeg	660,000
Accessible Transportation Services	Hamilton	550,000
CIT Laurentides	Laurentides jurisdictions	404,000
Société de transport de Laval	Laval	401,500
Access-a-Bus	Halifax	380,000
London Transit Commission	London	365,000
handyDART	Victoria	360,000
Regina Paratransit Service	Regina	206,000
Independence Plus/Handi-Bus	St. John’s	122,000
Milton Transit	Milton	100,000
Red Deer Transit / Transit Action Bus	Red Deer	90,000

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MRC Les Maskoutains	Les Maskoutains	85,000
Peterborough Transit	Peterborough	80,000
Whitehorse Transit	Whitehorse	27,000

ELIGIBILITY MODEL USED AND ELIGIBILITY OUTCOMES

The following section provides case studies of four leading eligibility programs: Toronto, Winnipeg, Calgary, and the province of Québec. Some of the measures of an effective eligibility process include the presence of conditional eligibility outcomes which can be operationalized in the delivery of service, and to a lesser extent eligibility denials. Conversely those eligibility models that find almost all applicants fully eligible are considered to be inaccurate.

Another positive measure of an accurate process is the opportunity for interaction with the applicant in which the full range of mobility options and possible travel training can be discussed. The provincial aspect of the eligibility process in Québec may also be considered a leading model. Québec is included as a case study due to the value of using a unified program throughout the province.

The four case studies are followed by vignettes of the eligibility models and outcomes at an additional 13 of the systems interviewed for this study. It should be noted that due to the absence of national legislation regarding eligibility policies, the kind of data collected by the different systems varies considerably, including how different terms are defined and performance indicators are measured. As a result, it has not been possible to standardize all responses into tables that include all systems. However, the survey results do provide a rich source of information that conveys the breadth of experience across Canada with eligibility certification processes.

As will be evident from the following descriptions, while many of the systems rely on paper-based applications, there are many variations on this basic model. However, the limitations of the paper-based model are evident in that almost everyone is granted full eligibility in these programs, and very few if any are denied eligibility. This has significant implications for systems that are capacity constrained, which likely includes almost every Canadian system included in this study.

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CASE STUDY #1: TORONTO – COMBINATION OF CONTRACTED IN-PERSON INTERVIEWS AND FUNCTIONAL ASSESSMENTS AS NEEDED

Wheel-Trans, the paratransit program provided by the Toronto Transit Commission (TTC), serves a population of approximately 2.6 million². The program provides about 2.8 million annual trips, and reports a two percent trip denial rate. Overall program budget in 2011 was \$94 million.

Eligibility Model

In 1996 the TTC worked with a working group of its advisory committee to develop eligibility criteria and an in-person interview eligibility process. The process incorporated assessment criteria and a scoring scheme based on a variety of questions. Applicants were found eligible if they scored 60 points or below out of 140, although this was later increased to 80 to make it more inclusive of people with physical disabilities. Applicants used to be charged \$25 as part of their application process in order to cover the cost of the process, but this was challenged by the Ontario Human Rights Commission, which also objected to the scoring model that the TTC had been using. The Human Rights Commission also objected to the in-person assessment and to the denial of eligibility to persons based on cognitive disability alone, but in 1998 the TTC took this case to the Ontario Supreme Court (*Cannella versus TTC*) which ruled in favor of the TTC, except for the application charge, which was removed.

No application form or medical verification is required in Toronto, although applicants may bring in information to support their application. Almost all applicants are required to come in for an interview, which lasts about 15 minutes. Although people who required transportation to dialysis clinics were registered without an interview, at least for the return trip, this will no longer be true starting in January 2013, when they will also be required to attend an interview.

The TTC's public information regarding eligibility does not provide any detail regarding eligibility criteria, except for indicating that this will be based on a person's physical disability, rather than cognitive criteria. Individuals whose disability is purely cognitive without any physical disabilities are not eligible (based on the agency's interpretation of AODA Sect 64). The reason for not providing explicit criteria is that the agency wants to avoid providing too much information that will influence applicants' responses to the interview questions.

Initial interviews are conducted at six locations throughout Toronto, including libraries (since they are also administered by the city, so there is no cost involved in renting the facility), and also at a hotel, where the TTC rents out rooms in order to provide

² Most of the population numbers provided in this section are referenced in the CUTA Specialized Transit Services Fact Book 2011 Operating Data

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assessments during non-business hours. In addition, assessors will conduct assessments at facilities where there are at least 10 applicants, such as rehabilitation centers. But this is done on an ad hoc basis.

The TTC contracts with two different for-profit entities to conduct interviews. The agency adopts this approach in order to keep eligibility determinations at arm's length from the TTC. One contractor is responsible for the initial interview (which lasts about 15 minutes), and the second conducts a much smaller number of functional assessments with those who have appealed their initial eligibility determination. The Request for Proposal (RFP) for the first contractor required professionals who had at least 1,000 hours experience with interviewing. The second contractor uses primarily physical and occupational therapists for the functional assessments. About 15 people are involved in the eligibility process at each of these entities, though for some eligibility is not their sole responsibility. The TTC pays the contractor on a per assessment basis. It costs approximately \$210 for each of the functional assessments, or about \$270 when including transportation costs.

Of the 10 percent of individuals who are denied eligibility based on the initial interview, about 30 to 40 percent appeal and participate in the functional assessment, which is fairly limited in scope and is conducted entirely indoors in one central location. Although the TTC does not offer transportation to applicants, they do provide this service upon request. An estimated 40 percent of applicants come in for assessments on the Wheel-Trans service. In addition, there are 10 customer service representatives at Wheel-Trans who are responsible for eligibility, but each of them is involved in other customer service activities, so the estimated full-time equivalent (FTE) that is allocated to eligibility is likely less than one person.

Eligibility Policies and Data

Following the introduction of the in-person process in 1996, the number of registrants dropped from 23,000 to about 9,800. Currently there are over 40,000 individuals registered with Wheel-Trans, of whom 33,000 are considered active. "Active" is defined as having ridden in the past 18 months. Since the agency wants to contain costs by only sending information to active riders, in 2013 it plans to revamp the database to only include those who have ridden in the previous year. It is easier to activate individuals who are considered inactive than to send materials to everyone who has ever registered in the program's history, which could probably exceed 140,000 individuals.

The TTC processes about 9,600 applications annually, and this number has been stable for a number of years even though the usage of the program has increased.

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Eligibility Outcomes

Fully Eligible	92%
Conditionally Eligible	Zero ³
Dialysis Patient	5%
Temporary	3%
Seasonal Pass	14 customers
Denials	10% (of whom 30-40% appeal)

Permanent registrants do not have any term limit on their eligibility, unless they stop using the service or, in rare instances, if a driver or passenger reports someone they think should not be eligible. In these cases, TTC has a “Questionable Rider Program.” There are about 1,000 individuals who have been requested to provide additional information or come in to reassess their eligibility. Approximately 50 to 75 individuals are reassessed annually under this program. Those with temporary eligibility are eligible for three to 12 months.

Visitors to the city who can produce an identification card from their home system can ride for up to two weeks on Wheel-Trans.

Community Involvement

There was not a lot of resistance from the community when in-person assessments were first introduced as the community was engaged “from the ground level”. The TTC first explained the problem of increased demand and declining budget, and then spent weeks discussing various potential eligibility models. The advisory committee was so supportive that they came out in favor of the TTC in the Cannella case, as they understood the need for a more accurate eligibility screening process.

In 2013 the TTC plans on exploring the implementation of trip eligibility screening, and will also consider whether to use a travel training model, so that individuals who do not pass the training become eligible for Wheel-Trans. By January 1, 2017 the TTC will be required to comply with all the requirements of the AODA’s Integrated Accessibility Regulations.

³ Currently don’t use this category, but are planning to do so in order to implement trip screening

CASE STUDY #2: WINNIPEG – FUNCTIONAL ASSESSMENTS AND OTHER ELIGIBILITY SCREENINGS CONDUCTED IN-HOUSE

Handi-Transit serves a population of 660,000. The system has a budget of approximately \$9.7 million, and provides about half a million trips annually. This number remained unchanged between 2010 and 2011. The City appears to have the most advanced eligibility program in Canada in terms of its usage of functional assessments conducted by occupational therapists.

Eligibility Model

The City of Winnipeg's Transit Department appears to be the first agency in the country to hire occupational therapists to oversee the eligibility process. Staff consists of one supervisor and an additional three occupational therapists who conduct in-person assessments. When in-person assessments were introduced in 2007, a portion of the existing registrants were "grandfathered" into the system, such as those with visual impairments and people who use wheelchairs.

Under the current process, applicants submit an application form without a medical verification, although they are required to provide the name of a health care provider who can be contacted on an as-needed basis. Part of the reason for eliminating the medical verification requirement is that some applicants were spending \$25 to \$100 for the doctor's appointment, and staff believed that this would weigh in favor of the doctor indicating that the applicant was in need of paratransit service, even if they could ride conventional transit. In addition, the information provided by the health care professional often did not easily translate into functional ability to use conventional transit, and many assumed that their assessments "duplicated" the assessments conducted by transit staff, even though they assessed very different skills.

In-house occupational therapists initially review all applications to determine if they should be assigned to an in-person assessment or a telephone interview, or whether a determination can be made based on the paper application alone. If an individual uses a wheelchair, they are likely to be assigned to an in-person assessment as the agency wants to be sure that they can be transported on the Handi-Transit vehicle.

The letter inviting applicants to come in for an assessment does not offer transportation to the site, but this is provided upon request, which is true in about 10 to 15 percent of the cases. For the majority of the applicants who come in for an assessment, the process will entail an interview and a functional assessment, in which the applicant is viewed participating in a variety of tasks that simulate taking a bus. In approximately 80 percent of the applications, the applicant is taken outside for the assessment so that therapists can observe them ambulating in real world conditions. Even when applicants aren't taken outside for the full assessment, they are observed walking a standard route

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indoors or the distance outside to their vehicle, as this would be necessary for any trip they take whether on conventional or paratransit.

Eligibility Policies and Data

Over 9,000 people are registered with the program, of whom 7,809 are considered active. This was a decline from 10,650 active registrants in 2007, when refinements to the eligibility process were introduced. Handi-Transit defines an “active registrant” as any person who has used the program in the past 18 months. The reason for choosing 18 months is because some individuals were registering from holiday to holiday. So in order to avoid having to reregister, this “closing” time was extended to 18 months.

The number of new applicants to the program over the past six years has slowly declined as a result of the in-person assessments.

Year	Applications
2007	3,286
2008	3,148
2009*	3,030
2010 **	3,419
2011***	2,836
2012	2,712

* *in-house assessments were initiated*

***as a result of a human rights complaint, a new category of eligibility (Alzheimers and related dementia) was added which explains why the numbers went up despite the introduction of the in-person assessments. People are not eligible based solely on developmental disabilities, but many people with developmental disabilities are eligible based on additional physical disabilities.*

****applicants were now required to apply as individuals, rather than by a health care provider (program known as “self-referral”)*

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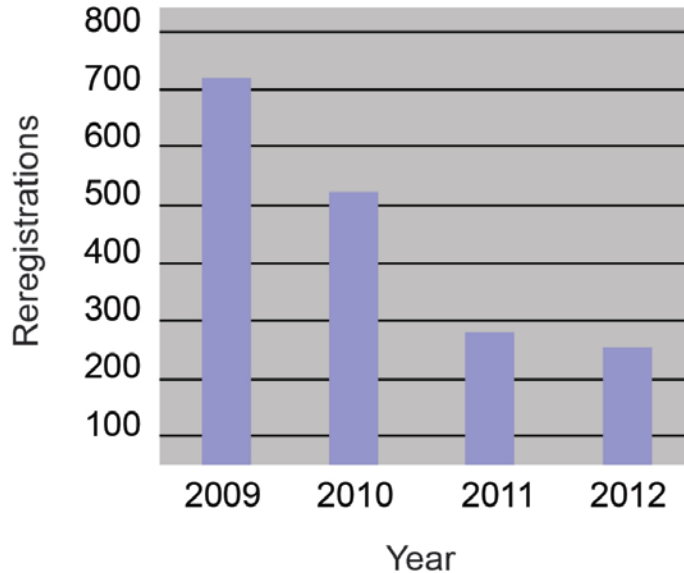
Eligibility Outcomes

Unlimited (no re-registration required)	708 (26%)
Three Year	1,051 (39%)
Short Term	420 (15%)
Winter Only	137 (5%)
Dialysis Only	97 (3%)
Decline Service	3 (0%)
Suspended	23 (1%)
Did not come in for assessment	283 (10%)
Denial	57 (2%)

Most registrants receive three years of eligibility, and are required to recertify. But City Council decided that people who use wheelchairs and those with a progressive illness do not need to recertify and receive lifelong eligibility. Individuals will only be required to come in for an assessment again if there is an “incident” that cannot be resolved on the phone.

The requirement to reregister after three years was implemented in 2009.

Figure 3-2 Reregistrations



Although it could be expected that the number of reregistrations would increase in 2012 (since the first group of three year term registrants reregistered in 2009), this did not in fact occur, partly because some individuals reregistered before they were sent a notification, or were seen for another reason and did not need the notification.

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The following table shows how the proportion of those requiring recertification has changed over the years:

Year: Permanent	Recertification Required
2009: 444	10
2010: 701	416
2011: 799	684
2012: 735	981

Cost of Eligibility Function

Four full-time equivalent Occupational Therapists are assigned to the eligibility function. The labor costs for this function are approximately \$265,000, in addition to approximately \$45,000 for transportation costs to the assessment site.

Community Involvement

In 2004 some specialized transit riders circulated a petition indicating their concern that there were people who were on the system who should not be eligible. They believed that the presence of these individuals impacted the efficiency of the service they were receiving and submitted their petition to City Council. In 2007 Council asked the transit agency to work with the advisory committee and the community to design a more accurate eligibility program. The application form was refined in 2007, and in-person assessments were introduced in 2009, with significant community support.

CASE STUDY #3: CALGARY – COMBINATION OF INTERVIEWS AND OTHER ELIGIBILITY SCREENINGS CONDUCTED IN-HOUSE

Access Calgary, a division of Calgary Transit, serves a population of 1.1 million. The agency provided about 1.2 million trips in 2011, with a budget of approximately \$30 million. Within this budget also provides a \$52 (2013) taxi subsidy for unconditional customers. Approximately 15,000 people are registered in the program, of whom 9,500 are considered active (used the service within past year). Prior to implementation of their in-person interview process in July 2001, the program experienced annual ridership increases of nine to 10 percent. Following implementation, ridership has increased at a much slower rate of approximately three percent per annum.

Eligibility Model

The current eligibility model started in 2001 with a requirement that all individuals come in for an interview every three years to renew their eligibility for service. However, all registrants have now been recertified, only about 35 percent are re-assessed based on an interview, and the remainder are determined based on a variety of other approaches. The system does require medical verification.

The whole eligibility function is conducted in-house. The agency employs a supervisor and three full-time staff (known as eligibility specialists) with extensive backgrounds in the rehabilitation field to conduct the interviews. In addition, the eligibility unit includes two clerical positions. The supervisor is responsible for the first line of appeals. If applicants are not satisfied with the outcome of their appeal to the supervisor, they may appeal to a City Council appointed committee that consists of five individuals who all act in a voluntary capacity. However, it is reportedly difficult to recruit individuals for this function. While there used to be 60 to 70 appeals each year after the initial introduction of the in-person assessment, during the current year only about 10 individuals appealed their eligibility determination.

Interviews are conducted in three locations (Calgary Transit's administrative building in the north-east part of town; the Calgary Transit downtown customer service center; and a community center in the north-west). Transportation is not offered to applicants, and if they request transportation the staff person explores their transportation options with them. If it is clear that they do not have another option, Calgary Transit provides the service. However, this is now a rarity.

The specialized transit eligibility program is not governed by provincial legislation, but rather by municipal decisions. In 1998 there was a review of transportation for people with disabilities which included a recommendation for a new eligibility model. This was approved by the City Council. No other legislation pertains to the provision of service.

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Eligibility Policies and Data

Applicants are determined eligible for a maximum of three years. From the time that the new eligibility process was initiated in 2001, until 2011, registrants were required to come in for an interview every three years, but it was determined that this was not necessary, and proved too costly, so for those individuals whose abilities were not likely to change even if an accessible bus stop was located in front of their homes, they were just required to submit a paper renewal. In 2011, 1,374 individuals fell into this category.

The agency receives an average of 6,000 applications per annum. This number has been fairly stable for a number of years, except for 2009, when it reached 6,600. Of those who applied in 2011, 2,034 were required to participate in an interview (about 35 percent). However, there are a number of categories of applicants who are not required to come in for an interview. These include care center residents (451 in 2011) and adult day support programs (530), both of whose clients are required to meet strict requirements for admission to the programs, and seldom ride specialized transit.

In addition, 900 applicants were given “hospital” eligibility for periods ranging from three to 12 months, dialysis (45), temporary (34), and a group of 486 who meet one of seven criteria and are designated “no interview”. They include people with ALS, are in palliative care, and others whose combined disabilities and age suggest they are unlikely to improve in their functional abilities.

Eligibility Outcomes

Unconditional	40%
Conditional	58%
Denied	2%

The program does apply the following eligibility conditions in its provision of specialized transit service:

- Snow and ice (service provided only when snow/ice is predicted)
- Cold weather below 15 degrees Celsius, hot above 20 degrees Celsius
- Rush hour (claustrophobia)
- Dusk to dawn (for people with night vision problems)
- Successfully travel trained (increased focus on travel training in 2013)
- Fixed-route not yet accessible
- Path of travel issues
- Trip requires transfers between modes
- Medical treatment

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- Distance

The agency has attempted to work with its scheduling software vendor to automate the trip screening effort so that the staff will be less involved, but unsuccessfully so far. In 2013 Access Calgary will be identifying candidates for feeder service for light rail only. The agency also plans to explore feeder to bus options.

Eligibility Cost

The cost of the eligibility function is about \$620,000, and includes the cost of six full-time equivalent employees.

Community Involvement

When the agency was considering changing the eligibility model, it consulted with many stakeholders, and conducted multiple meetings, including one which was attended by 400 people. While there was significant opposition at the beginning, this started to diminish as people understood the reasons why the agency was exploring a more accurate model. After 2003, it became easier to explain the rationale to people. Now there is very little discussion about the eligibility model, and people in the community are much more focused on the shortcomings in the provision of service.

Having City Council support for the new model was instrumental in building community support in the early stages. An important lesson learned is that the agency should have added more temporary staff than the two FTE's added to expedite the recertification process, however there were budget limitations. This would have enabled the agency to finish the transition to the new model in less than the five years it took to recertify all original 19,000 registrants due to lack of staffing. As a result of this long process, Access Calgary had to extend eligibility for many people whose interviews could not be scheduled.

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CASE STUDY #4: QUÉBEC - PROVINCIAL ELIGIBILITY PROCESS

Specialized transit systems in the province of Québec use a unified eligibility process that was developed in 1983 and modified in 1994 and 1998. The primary purpose of the province-wide process was to ensure equity for applicants throughout the province, rather than to achieve cost-efficiencies. As a result, applicants in Montreal can expect to undergo a similar application process to those in rural towns in Les Maskoutains.

The following link provides a detailed description of the history of the eligibility process in Québec, and the eligibility program components and criteria:

http://www.mtq.gouv.qc.ca/portal/page/portal/Librairie/Publications/en/transport_collectif/adapte/admissibilite.pdf

The process is unique in Canada as it combines an in-person assessment conducted by a specialist who is not contracted (or employed) by the transit system with a paper application which is reviewed by a committee of three representatives of the disability, health and transportation sectors. This is in distinct contrast to the more traditional model in which applicants submit a form signed by professionals who have not conducted any in-person assessment but simply signed the form based on their knowledge of their patient. This hybrid process results in a significant percentage of eligibility denials, as indicated in the four case studies below (Laval; Laurentides; Montreal; Les Maskoutains).

Despite this relatively significant level of eligibility denials, the numbers of eligible residents have increased significantly in recent years, by over 24 percent between 2007 and 2011. The number of trips provided has not increased at the same pace (20 percent), due to the lower usage by older registrants and other factors. However, budgets during this period have increased at a faster rate than both registrants and usage, increasing by 37 percent between 2007 and 2011. These trends are illustrated in the table below:

Eligibility/Ridership and Budget Trends for the Province of Québec 2007 - 2011

Year	Registrants	Trips	Budget
2007	76,303	6.4M	\$112.7M
2008	81,832	6.8M	\$124.1M
2009	85,755	7.0M	\$135.0M
2010	90,012	7.5M	\$143.5M
2011	94,852	7.8M	\$154.7M

Source: Ministry of Transportation of Québec

CIT Laurentides

CIT Laurentides provides specialized transit services to 16 small communities and suburban areas north-west of Montreal, with a total population over 400,000. In recent years trip demand has increased approximately eight to 13 percent per annum. There

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are 3,029 individuals registered with the program, of whom approximately one-third are active users. Like all systems in Québec, the Laurentides relies on a hybrid assessment/paper application model. When there is a mismatch between the information from the applicant and the physician or the occupational therapist, staff makes phone calls to the applicant or they might ask for a re-evaluation. The eligibility committee consists of a representative of health and social services, a person with a disability and a transit representative. Following is a breakdown of eligibility requests and approvals:

Year	Requests	Approved
2007	Unknown	379
2008	701	394
2009	738	427
2010	812	443
2011	900	494

Eligibility Outcomes

CIT Laurentides has a very high eligibility denial rate. Of the 55 percent of applicants who are granted eligibility (“approved” in the table above), following is a breakdown of their eligibility determinations:

Permanent (Fully Eligible)	93%
Temporary	1%
Conditional Eligibility	NA

Laval

Laval serves a population of approximately 400,000 and has a registration base of 5,859 registrants. The agency uses a paper application, but requires that applicants undergo a functional evaluation by a physiotherapist or occupational therapist at their expense before they submit their application form. Between 2007 and 2011, Laval saw ridership increases from 280,000 to 354,000, and budget increases from \$5.2M to \$7.6M. Laval reportedly has an eligibility denial rate of approximately 15.5 percent

Eligibility Outcomes

Year	Fully Eligible	Seasonal	Night Service*	Dialysis	Temporary	Intellectual**
2007	3,780	20	9	17	56	30
2008	4,156	20	9	19	75	29
2009	4,159	17	10	39	52	31
2010	4,853	17	10	46	42	32
2011	5,341	15	9	52	45	9

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**Night service is for those with low vision who cannot safely travel at night*

***Intellectual suggests that the individual can be expected to use conventional for part of their trip*

Of the 843 applications received by Laval in 2011, 743 were new applications, and 712 of these were approved. The equivalent numbers for 2010 were 906 (776 new of which 726 were approved)

Montréal

Montreal's STM serves a population of approximately 1.9M. The program has a registration base of 23,865 users, all of whom have used the system in the past two years. The database is updated on a continuous basis. Like all systems in Québec, Montreal uses a hybrid assessment/paper-based model. In some cases, staff may request additional information from a health care professional. Between 2007 and 2011 ridership on the system increased dramatically, from 2.1M trips to 2.8M (and is expected to exceed 3M in 2012). At the same time, costs increased at an even faster rate, from \$43M to \$59M (37 percent).

Eligibility Trends

Year	New Applicant Requests	Approved
2007	4,326	3,057
2008	4,548	3,466
2009	4,438	3,402
2010	4,504	3,807
2011	5,282	4,047

The eligibility denial rate was 23 percent in 2011. The system anticipated more than 7,000 requests by the end of 2012.

Eligibility Outcomes

Fully eligible	76%
Temporary	18%
Seasonal	3%
Partial	3% (primarily for those with visual and intellectual disabilities assuming they could be trained to use conventional for at least part of their trips.)

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MRC Les Maskoutains

MRC serves the regional county municipality of Les Maskoutains in the Montérégie region in southwestern Québec. The population of the region is over 85,000, but it is spread out over a very large service area of approximately 1,310 square kms. MRC uses the same hybrid assessment/ paper-based eligibility process as the rest of Québec, and as a result the cost of the process is relatively low at \$13,000 per annum. This reflects the assignment of 0.25 FTE to this function.

MRC currently has 1,040 registrants, all of whom are considered active. If registrants do not use the system in the course of a year, their files are archived and after five years of lack of use they are required to reregister. There is no recertification process and registrants are eligible for life.

During 2012, 258 individuals requested specialized transit eligibility, and 191 (74 percent) were granted permanent/full eligibility, 31 (12 percent) temporary, and six (two percent) were denied eligibility. Thirty individuals died during their first year of eligibility. If these individuals are removed from the total registration base, the percentage who are found fully eligible is closer to 84 percent. While the agency does not have data for the past five years, indications are that the number of registrants has been steadily increasing.

Visitor eligibility is handled in the same way as other systems in the province. When a visitor requests service, MRC calls their home system to verify the information provided, and they receive service equivalent to local registrants.

The service reports no trip denials, and trips may be requested up to noon the day before service. Following is a breakdown of the number of trips (including attendants and a small number of visitors), and the annual budget during the past five years:

Year	Trips	Budget
2008	67,801	\$945K
2009	62,235	\$948K
2010	59,850	\$905K
2011	62,296	\$1.18M
2012	62,698	\$1,18M

As indicated in the above table, while overall ridership has decreased over the years (possibly due to subsidy cuts for people with intellectual disabilities), the cost to provide service has increased by 25% over the past five years.

4 SURVEY RESPONSES TO SPECIFIC ELIGIBILITY PROGRAM ELEMENTS

ELIGIBILITY MODELS

This section of the report provides information on the eligibility models used at a variety of systems, together with the registration trends and eligibility outcomes that were generated by each of these models. Data was not always available for each of these elements at all systems.

Halifax

Halifax has a population of approximately 373,000. The specialized transit system has 1,945 registrants, of whom all are considered active as the agency updates the database on a regular basis. Ridership has increased from 95,000 in 2007 to about 160,000 in 2012, with costs increasing from \$2.6M to \$3.9M during that period.

Halifax uses primarily a paper-based eligibility process, but does also conduct 30 to 40 site visits per annum. In FY2012, Halifax received 411 new applications and 204 renewals. Renewals are conducted every three years, but essentially just update registrant information. Very occasionally staff will conduct site visits.

Eligibility Outcomes

Fully Eligible (Permanent)	75%
Conditionally Eligible (seasonal)	20% (e.g. medical or dialysis trips only)
Temporary Eligibility	5%

Hamilton

Hamilton Street Railway (HSR) serves a population of just over half a million, and provided about 570,000 specialized transit trips in 2011. HSR has a registration base of approximately 8,500 specialized transit eligible individuals (in addition to 3,000 who are registered for the subsidized taxi program only). Just over half (4,500) of the registrants have taken at least one trip in the past year, and are considered “active” registrants.

In November 2012 the City of Hamilton implemented a new eligibility process, which is based on a hybrid model - paper application and in-person functional assessments as needed. Functional assessments are conducted by a third party non-profit contractor, using a professional with an extensive disability background, and an occupational therapist. Prior to this new policy a paper-based application was used exclusively. In 2011, using the paper-based model, the eligibility outcomes were as follows:

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Eligibility Outcomes

Fully Eligibility	65%
Taxi Scrip Only	18% ⁴
Incomplete Applications	17%

Note: Eligibility outcomes are expected to change substantially following the implementation of the new process in November 2012, but trends could not yet be established at the time of writing of this report.

Registration Trends

Year	Applications Processed (includes new applications and recertifications)
2006	2,572
2007	2,594
2008	2,624
2009	2,472
2010	2,614
2011	2,733

London

London has a population of approximately 365,000. Until 2001/2002, the agency asked four simple questions in order to determine eligibility. It was a very open-ended process. Now about 80 percent of assessments are done in-person (exceptions are people with quadriplegia, and people who use wheelchairs). The agency contracts this function out to a rehabilitation firm that conducts assessments two or three times monthly. Thirty to 40 assessments are conducted on each of those days. All assessments are conducted by one occupational therapist in the agency's board room, so applicants observe others being assessed. There have reportedly been almost no complaints about this set-up. Occasionally the occupational therapist may take a couple of individuals at a time for a walk outside if their gait seems steady. The agency does not provide transportation to the assessments. The advisory committee supported the agency's position that since trip resources are scarce and trip requests are being denied, they should not want to use all of their trips just for regular service, not for trips to assessments.

The agency does not deny anyone eligibility, but rather certifies all individuals for one of their "family of services". This could include accessible conventional transit or workshop or travel training, which in effect means that the applicant is not eligible for specialized

⁴ These cannot all be considered specialized transit denials, as some people apply with the intention of only using Taxi Scrip. As a result of the introduction of in-person assessments, eligibility outcomes are expected to change significantly in 2013.

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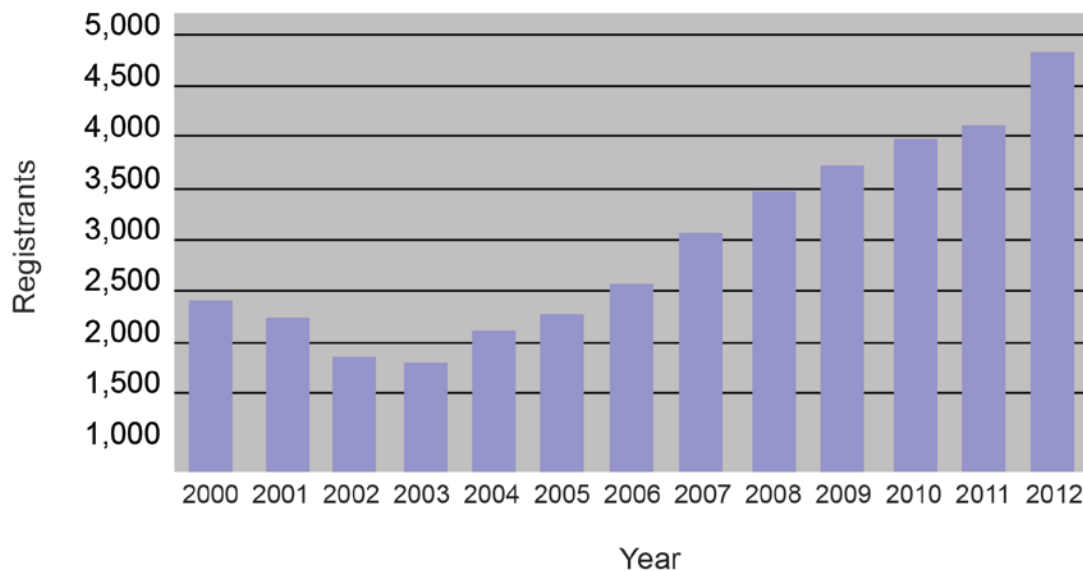
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transit. There is no temporary or conditional eligibility, but the agency is exploring conditional/seasonal eligibility in the next year, and plans to implement trip screening.

Specialized transit ridership increased from 212,000 in 2010, to an estimated 280,000 in 2012. The agency has been receiving about 400-500 applications annually, although the number in 2012 is expected to be closer to 600.

Following is the trend of registrants since the new process was introduced. As is evident from this graph, the numbers dropped considerably after in-persons were introduced in 2001/2002, but have slowly increased since that time. Similar to other programs, the registration may have been expected to have been even higher if the growth rate had not been slowed by the new process.

Figure 4-1 London Registration Trends



Milton

Milton Transit serves a population of about 100,000, and has 500 residents eligible for specialized transit. Ridership grew from 3,421 trips in 2010, to 11,600 in 2012. The budget for the program during those three years fluctuated between \$145,000 in 2010, to \$90,000 in 2011 (when new services diverted many riders), to \$122,000 in 2012, and is set at \$174,000 for 2013. Ridership grew dramatically when fare parity was introduced in 2012, almost doubling the costs during the same period. This has significant implications for other Ontario systems.

The City Council reportedly was more concerned with conventional transit cost savings than focused on specialized transit. Council members are also very concerned about not appearing to single out the disability community. For example, when staff proposed cutting service to rural areas, the Council opposed the recommendation. Similarly, when

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a proposal to cut Saturday service was introduced, this was opposed by Council, even though this is not provided on conventional transit.

Milton uses a paper-based eligibility model. Applicants must be Milton residents, and have a physical disability. No medical verification is required. The City is discussing with two adjoining cities (Burlington and Oakville) the possibility of having joint third party assessments in 2013. These will likely have an in-person component.

The City received about 50 to 60 applications per year until 2012, although there are no records to support this estimate. The City anticipated about 125 applications by the end of 2012.

Eligibility Outcomes

Fully Eligible	90%
Conditionally Eligible	0%
Denied Eligibility	less than 1%
Temporary Eligibility	9%

Ottawa

Ottawa, with a population of approximately 930,000, has one of only three specialized transit systems in the country that is subject to federal legislation, as service crosses provincial boundaries. The system has a registration base of almost 14,000 individuals, all of whom have ridden in the past 18 months. Ottawa's eligibility is entirely paper-based, and relies on medical verification. Between 2007 and 2011, ridership increased from 780K to 880K, and the budget increased by 14percent, from \$24.5M to \$28M.

Eligibility trends are as follows:

Year	Applications	Permanent
2006	3,582	2,059
2007	3,299	1,881
2008	3,506	1,991
2009	3,837	2,118
2010	3,573	2,006
2011	4,165	2,329

Eligibility Outcomes

Fully Eligible	90%
Conditionally Eligible	< 2% Seasonal

Only 23 people have been denied eligibility to date, with another 180 who have not responded to requests for additional information.

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Peel Region

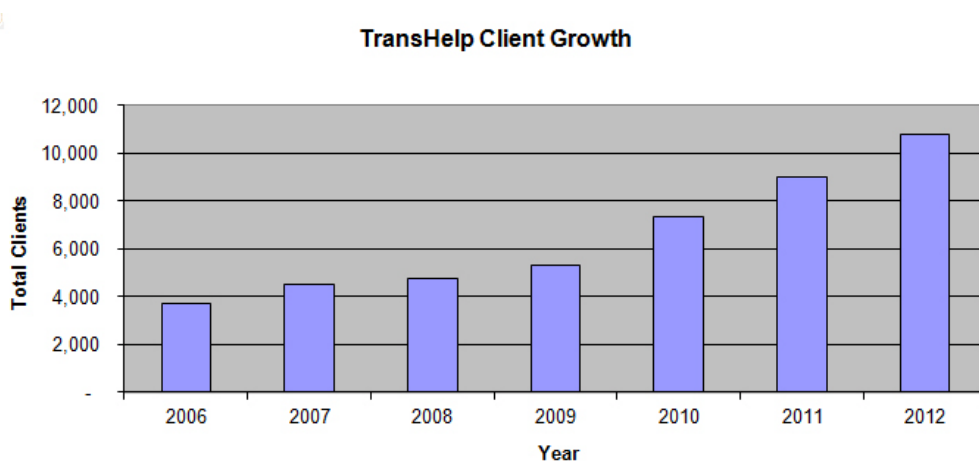
The Peel Region has a population of approximately 1.3M. About 12,000 individuals are registered with the Peel Region specialized transit service. Until about 2006 all applicants were required to come in for an in-person functional assessment. This was conducted monthly, and 30 to 40 people would be assessed in one day. As a result, some people waited months to access the service due to long processing times. Due to the negative impacts of this approach and the rate of approval by the third party assessor, the agency decided to eliminate in-person assessments for most applicants. The current eligibility process is primarily paper-based with a very small number (~65 per annum) of in-person functional assessments. There is no limit on the number of people who can be referred to other services, but since eligibility is automatically granted to every applicant who says they use a mobility aid, the number of candidates for referrals is considered to be quite low.

The small number of functional assessments is conducted by a physiotherapist who works for a private for-profit company. The physiotherapist comes to the transit agency's facility once a month to conduct the assessments, which take about 15 minutes and cost the Region about \$70-\$80 per assessment.

In 2011, there were about 1,600 applications. Approximately 25-30 percent were denied, primarily because many applicants downloaded the application from the web and didn't understand the role of specialized transit, and about 1,300 were found specialized transit eligible.

The graph below illustrates the growth in registrants in the Peel Region, particularly after the in-person assessment was almost completely eliminated and paper applications reintroduced in 2006/2007.

Figure 4-2 Peel Region: Registration Trends



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Eligibility Outcomes

Fully Eligible	50-60%
Conditionally Eligible	1%
Denied Eligibility	25-30%
Temporary Eligibility	5%

Prior to 2005, many trip requests were denied, riders had to book a week or two in advance to be guaranteed a trip, and there were long waiting lists. Due to public pressure and negative media attention, the agency addressed these problems and opened up the program by removing trip ceilings, in the absence of any demand control mechanisms. The program has been experiencing eight to 10 percent ridership growth for the past several years, and no-one is denied a trip. As a result, the operating budget has significantly increased in that period (to almost \$15M). Peel Region staff indicate that their specialized transit program has become more user-friendly but at a cost hence it is important to establish an accurate eligibility process (and other mechanisms) to prevent inappropriate increases in specialized transit costs.

Peterborough

Peterborough has a population of approximately 80,000. The specialized transit system provided about 40,000 trips in 2006, when accessible conventional service was introduced. The specialized transit ridership declined slowly to 34,200 in 2010, but has slowly started increasing again, to approximately 35,500 in 2012. Peterborough had about 1,600 registrants in 2012 (up from 1,500 in 2011), of whom about 500 are considered “active.” The city uses a paper-based process with medical verification. About 100 applications were received in 2012, and this has been steadily increasing. However, the system does not keep records, so these are based on staff estimates. Fare parity is not going to be an issue in terms of AODA compliance as this has been the practice in Peterborough for many years.

Eligibility Outcomes

Fully Eligible	98%
Conditionally Eligible	0%
Denied Eligibility	2-3%
Temporary Eligibility	2%

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Red Deer

Red Deer has a population of about 92,000. The program has a registration base of 2,200 individuals, up from 1,543 in 2007. About half of the registered riders have used the system in the previous year. The volume of applications has been steady at around 400 annually since 2007. The program is largely paper-based, but recently started conducting interviews with those applications that seem contradictory or require more information. These are done in-person or on the phone, and represent about 30-50 applications annually out of a total of about 400. As a result of this process, the agency has identified 20 people who can take the bus sometimes, and gave them free passes on conventional transit.

Eligibility Outcomes

Fully Eligible	99%
Conditionally Eligible	1%
Denied Eligibility	3%
Temporary Eligibility	NA%

Regina

Regina Paratransit Service serves a population of approximately 206,000. There were 2,550 registrants in 2011, of whom 1,985 were considered active. The agency's ridership and budget remained virtually the same between 2010 and 2011 at about 183,000 trips and an operating budget of \$4M.

Prior to 2009, the agency did not require any documentation for eligibility. In August 2009 they started a new form that requires information from a health care professional. Now less than 10 percent of applicants are invited in for an interview, which is conducted by a three person volunteer panel. The panel consists of an occupational therapist, a person with a disability, and an agency administrative staff person. The committee may recommend that the applicant needs to visit an occupational therapist to fill out the medical portion of their application form, at their own expense. But this only occurs about twice a year. The main reason why in-person assessments for all applicants have not been pursued is finances.

Eligibility Outcomes

Permanent	94%
Winter	2%
Temporary	2%
Conditional (such as night only)	Less than 1%
Visitor	2%

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St. John's

St. John's serves a population of approximately 122,000. The specialized transit system receives about 480 applications per annum. There is no formal data on trends as the City just started the new model in 2010.

The St. John's eligibility model is largely paper based, but includes in-person or telephone interviews. Until three years ago the contracted specialized transit provider was also responsible for eligibility screening, which was based on a doctor's note or wheelchair usage. However, since 2010 the agency moved away from the "medical" model, and the current approach is considered more respectful of individuals' self-declaration based on an independent living philosophy. The paper based model allows a broad range of people to fill out the form, from ward clerks to doctors to the applicant themselves. About 20 percent of the applicants come into the office and fill out the form with the transportation manager, and some individuals are interviewed on the phone. There are certain categories of disability which result in automatic certification, such as people with spina bifida. Functional assessments and medical documentation are not required as part of the process.

Eligibility Outcomes

Fully Eligible	Almost 100%
Conditionally Eligible	A few seasonal eligibility
Denied Eligibility	About 10/month, usually seniors who don't understand the program

Metro Vancouver

TransLink's specialized transit program, known as HandyDART, serves a population of over 2.1M people. HandyDART had approximately 33,000 registrants in 2011, of whom about 22,000 had ridden the system in the past year. The agency uses a paper-based model with medical verification. HandyDART ridership increased from 1,029,000 in 2009 to 1,211,000 in 2011, or a 17.7% percent increase in three years, and the operating budget also increase during that period, from \$38M to \$43M for contracted costs, in addition to TransLink administrative and capital costs.

Due to the increases in ridership and costs, and also in an effort to encourage riders to use the broad range of accessible fixed route transit options, TransLink has for the past three years explored the feasibility of introducing a hybrid model of paper-based and in-person assessments. However, these plans are currently on hold as other demand-management approaches are being explored.

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Eligibility Outcomes

Fully Eligible	90%
Conditionally Eligible	Zero
Denied Eligibility	Almost Zero (approximately 35 in 2011)
Temporary Eligibility	9%

Year	Applications
2008	10,867
2009	9,086
2010	9,564
2011	8,991

The agency respondent indicates that the decline in application numbers could be influenced by the introduction of a web-based three page application instead of the former one-page form which could be faxed. About 70-75 percent of applications are downloaded from the web. It is worth noting that ridership has continued to grow despite the decline in applications.

Victoria

BC Transit's handyDART serves a population of about 360,000. The service provided about 300,000 trips in the Victoria metropolitan area in 2011 (this includes Taxi Saver trips). Approximately two percent of trip requests are denied. Victoria uses a paper-based model, with medical verification on an as-needed basis. If more information is needed, applicants are referred to an occupational therapy center for assessment (less than two percent). In order for an applicant to qualify, they simply need to provide a doctor's name (but no signature). When they call to apply for service, the eligibility screener asks for their demographic information – if the applicant is over 80 years old, they are basically automatically eligible.

While some registrants have conditions associated with their eligibility, for the most part these are not used in the same way as traditional conditional eligibility (with the exception of those whose eligibility is limited to night time or return trips from dialysis). Other conditions are same day only, temporary, and visitor.

Almost all applicants are found unconditionally eligible, but approximately seven percent receive requests for additional information, and do not respond to these requests. In effect, these may be considered eligibility denials.

The registration trends for 2009-2011 were as follows (an average of 4,300 were considered active registrants during this period):

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Year	Registrants
2006	8,056
2007	9,727
2008	11,004
2009	12,683
2010	14,122
2011	15,494

Whitehorse

Whitehorse, with a population of over 27,000 residents, uses a paper-based model and relies largely on the word of the health care professional who completes the form. However, the transportation manager does call about 10 percent of applicants to clarify the information on their application, and calls all those found eligible to explain how to use the service.

The registration base for Whitehorse has been about 50-60 per annum, and has remained steady for the past few years.

Eligibility Outcomes

Fully Eligible	Almost 100%
Conditionally Eligible	Recently introduced, but not yet tested
Denied Eligibility	10-15 denials so far, usually because the applicants do not understand the role of specialized transit

ELIGIBILITY POLICIES

Recertification Policies

Recertification of registrants in specialized transit systems is generally used as a way of keeping registration databases updated, and to ensure that eligibility assessors “got it right” in their initial determinations. Recertification only applies to those who are permanently eligible, since those with temporary eligibility by definition would either cease to be eligible after their term ends based on the change in their functional ability, or would need to reapply if they continue to be unable to ride conventional transit.

While the team’s research indicates that the recertification policies for those who are permanently eligible vary across Canada, most systems grant lifelong eligibility to those who are found permanently eligible. Since this is usually the overwhelming majority of

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registrants in these systems, they can be assumed to have limited or no need for recertification. This approach is used by the majority of systems in this survey sample, including Montreal, Metro Vancouver, Toronto, Laval, Laurentides, Peel Region, Milton, Regina, Peterborough, Red Deer, and Victoria. As a result, under an inaccurate eligibility process, it can be assumed that there are significant numbers of registrants who are riding specialized transit for life, even though they may be able to ride conventional transit for at least some of their trips.

In a small number of systems registrants need to renew their eligibility if they do not ride the system in a specified period of time, such as Ottawa (which has an official three year term that is reportedly seldom applied)

Other variations include systems that grant three year eligibility with a requirement for recertification, such as Calgary, Winnipeg and Halifax (with variations for some registrants).

Some of these systems combine both these elements (e.g. need to recertify if don't ride within 18 months, but also every three years even if they do ride). Even those that do require recertification after three years may vary the eligibility process for those who are recertifying compared to initial applicants (e.g. Calgary no longer requires interviews for recertifying registrants).

Whitehorse appears to be an exception, requiring recertification every year.

Visitor Eligibility

Agencies were asked how they address the issue of visitor eligibility. Visitor eligibility and cross-boundary trips are more of an issue in some locations than others, particularly those that are vacation destinations (e.g. approximately 400 to 500 people registered with HandyDART during the Winter Olympics), and those where there are many cross-boundary trips, such as the greater Toronto area.

As noted earlier, in this and subsequent tables in this report, not all 20 systems are represented, as data was not available for every system on every measure.

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System	Comment
Calgary	21 day eligibility is provided to all visitors who can produce evidence that they are registered with another system.
CIT Laurentides	Visitors must first be admitted in a Para Transit service. Staff verifies the information provided by the applicant with the home service.
Halifax	Based on client ID number from host system, up to one month of eligibility.
Hamilton	ATS confirms that they are registered with another specialized transit agency. These passengers may access the “door-to-door” wheelchair accessible bus service but NOT the Taxi Scrip Program which is only for Hamilton registrants.
Milton	Currently Milton does not provide service to any out of town visitors, based on the rationale that they are not taxpayers in Milton. However, starting in January 2013, they will operate based on a reciprocal arrangement with adjoining communities to enable them to travel without having to register with Milton.
Montréal	For Québec residents (provincial), they ask basic questions (what is the disability, residence, kind of service needed, ID number of home service). Then they create a special user number for Montreal. They are admitted for 3 months. The visitor is now able to reserve at the call centre like any other Montreal user. For “International” visitors (outside Québec and Canada) the process is the same except that service is only provided for people who use wheelchairs.
Ottawa	Visitors must provide confirmation that they are eligible for the specialized transportation service in the jurisdiction in which they reside; or meet Para Transpo’s eligibility requirements.
Peel Region	Verify client number submitted by the visitor with the host agency.
Peterborough	Accept cards from others, almost never check up.
Red Deer	Doesn’t accept visitors (because they are non-tax payers), except those from Red Deer County, for which the county reimburses them at 100% of cost.
Toronto	Visitors to the city who can produce an identification card from their home system can ride for up to two weeks on Wheel-Trans.
Metro Vancouver	Separate abbreviated application form on the web.
Victoria	Victoria accepts cards from other jurisdictions.
Whitehorse, Yukon	If a person is visiting for less than a week, they accept cards from other agencies.

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COST OF ELIGIBILITY AND STAFFING REQUIREMENTS

Very few agencies identify the fully allocated costs of screening applicants for eligibility. This is particularly true for those that rely largely on paper applications, for whom this is largely an administrative task. The issue of eligibility cost is an important one, however, when considering the investment of new resources in a more accurate process, and weighing these against the cost benefits that can accrue from potential changes in eligibility outcomes. Survey respondents were therefore asked to estimate the cost of the eligibility function, based on the approximate number of full-time equivalent (FTE) staff involved, and other costs such as transportation to the assessments, where applicable. The systems in the following table have been sorted by approximate population of the areas they serve.

System	Eligibility Model	Estimated Cost	FTE Staff (Eligibility only)
Metro Vancouver	Paper applications	About \$412,000	6 FTE, but this includes distribution of Taxi Savers
Montreal	Assessment/Paper applications	\$535,000	6 FTE
Peel Region	Paper applications, with very small number of in-person assessments	NA	1.25 FTE
Calgary	In-Person interviews and functional assessments	\$620,000	6 FTE
Ottawa	Paper applications	~\$60,000	.8 FTE Registration clerk, and 2hours/ week (.05) of manager's time
Hamilton	Transitioning from paper application to partial in-person assessments	\$400,000	4 FTEs
Victoria	Paper applications	\$47,000	0.5 FTE
Laval	Assessment/Paper applications	n/a for staff oversight	1 FTE equivalent in volunteers
CIT Laurentides	Assessment/Paper application	\$0 - n/a	.75 FTE
Halifax	Paper applications, with very small number of site visits	n/a	1 FTE (.75 Admin, .25 supervisor)
London	80% In-person assessments	\$15,000 plus CPI increases	< 1 FTE on eligibility
Milton	Paper applications	\$5,000 -	2 hours per week of staff

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		\$7,000	time, or .05 FTE
Red Deer	Paper applications, with very small number of interviews on the phone or in-person	About \$30K, based on a fully loaded \$50/hour	.3 FTE
Peterborough	Paper applications	“almost nothing”	An administrative person who has been with the agency for 30 years reviews applications, maybe 2/week, takes much less than an hour.
Whitehorse, Yukon	Paper applications	n/a	“0.1 FTE of city employee

DISABILITY COMMUNITY INVOLVEMENT

Community support can sometimes make the difference between whether an agency’s eligibility process can be enhanced or not. Respondents provided the following answers to the question of disability community involvement in the development of their eligibility model. In most instances in which systems rely on paper-based models, no community involvement was deemed necessary. Usually this becomes more of a factor when in-person elements are introduced to the process.

System	Comment
Calgary	When the agency was considering changing the eligibility model, they consulted with many stakeholders, conducted meetings, including one which was attended by 400 people. While there was significant opposition at the beginning, this started to diminish as people understood the reasons why the agency was exploring a more accurate model. After 2002 it became a lot easier to explain the rationale to people. Now there is very little discussion about the eligibility model, and people in the community are much more focused on the shortcomings in the provision of service.
CIT Laurentides	Québec’s eligibility criteria were developed in 1981 with the participation of people that represent people from the “Office for Persons with Disabilities”.
Halifax	The (eligibility) criteria were developed by a users’ advisory committee.

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Hamilton	Yes, a Steering Committee was created which reviewed and provided input on the development and implementation of the new eligibility policy, this included members from the following committees and agencies: Advisory Committee for Persons with Disabilities (ACPD), Seniors' Advisory Committee, agencies that serve persons with developmental disabilities, and a staff member from the City's Access and Equity Office.
London	The initiative to introduce in-person assessments came from the community, who were very concerned about people being on the system who could ride conventional transit. There was no resistance from the community, and there was no need at all to "sell it to the community."
Milton	If (we) change the eligibility model in future, would consult with disability advisory committee; wouldn't expect opposition to more accurate eligibility model.
Montreal	Same as CIT Laurentides above.
Peel Region	The community was and will be heavily involved. Currently committee is quite supportive of expanding role of in-person assessments.
Red Deer	The non-profit that used to provide the service was indirectly involved in the development of the eligibility criteria, but had a consultant who developed their model based on industry practice in 2005. While trip denials have increased substantially in recent years, the community still perceives more accurate screening through in-person assessments as costly, and would likely view it as an extension of the recent cutbacks in service levels.
Toronto	There was not a lot of resistance from the community when in-person assessments were first introduced as the community was involved "from the ground level". The TTC first explained the problem of increased demand and declining budget, and then spent weeks discussing various possible eligibility models. The advisory committee was so supportive that they came out in favor of the "Cannella versusTTC" case, as they understood the need for a more accurate eligibility screening process.
Metro Vancouver	Yes, a series of meetings
Victoria	"Unknown, but my guess is no"
Whitehorse, Yukon	Yes

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LEVEL OF CAPACITY CONSTRAINTS

One of the key indicators of a constrained specialized transit system is the level of trip denials. As has been stated previously, many systems that report low official trip denial rates also indicate that a non-essential trip requested for peak hours during the next day would almost certainly be denied. In this context, most individuals would give up calling after being denied two or three times, and therefore this discouraged demand would not be reflected in the official trip denial rate. In contrast to many other systems, it appears that systems in Québec truly have zero denials, with apparently a clear guarantee that all trips will be provided, regardless of time of day that the trip is needed.

When viewing the trip denial rates below, it is important to remember that these percentages are based on all trip requests, both demand-response (occasional or casual) and subscription. This is the industry standard throughout North America. However, since subscription trips are already built into the schedule and therefore cannot be denied, in order to reflect the experience of the non-subscription rider who calls to request a trip, the number of trip denials should be estimated as a percentage of all demand-response trip requests. Since many systems report that they have a 60 or 70 percent subscription rate, the trip requests would only be estimated as a percentage of the remaining 30 or 40 percent of trips that are available.

Using this approach, the trip denials would be more than double the official rate as far as the casual or demand response caller is concerned. For this reason, in the specialized transit industry many systems that have official trip denial rates exceeding two percent are considered capacity constrained. As will be discussed later in this report, in the U.S. systems are required to have a stated goal of zero trip denials (which refers to advanced bookings). In reality most systems do reach that goal, and very few exceed 2 percent.

System	Official Trip Denial Rates
Halifax	1.9%
Hamilton	1.1% in 2011 and 2.0% in 2012
Laval	Zero
Laurentides	Zero
London	5.2%
Milton	No unmet trips
Montreal	Zero
Ottawa	4.9% (2011), but has increased considerably since then, reaching 12% in October 2012
Peel Region	No-one is denied a trip, but operating budget has doubled in six years.
Peterborough	Although official denial rate is 0.3% (in 2011), people probably can't get casual trips during peak times

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Red Deer	7%. The agency is not granting any new subscription trips. They submitted a recommendation to Council in October 2012 that will need to address this issue, and are waiting for results of this report before taking next steps.
Regina	8% - 9%
St. John's	2% - 3%
Toronto	2%
Metro Vancouver	3% - 4%
Whitehorse	1-2%, so is within limit of 5% allowed under a Human Rights complaint.

5 OVERVIEW OF PARATRANSIT ELIGIBILITY MODELS IN THE U.S.

Although there are many areas of overlap between the provision of paratransit services in Canada and the U.S., the passage of the Americans with Disabilities Act (ADA) in 1990 resulted in substantive differences in the level of service provided, and to the functional abilities of users of paratransit services. As a gross generalization, services provided to persons with disabilities in the U.S. are of a much broader scope and of a higher standard when rated against standard performance measures, but often provided to a narrower section of the population of people with disabilities. In other words, registered paratransit users in the U.S. are more likely to be unable to use any conventional transit services, but are also more likely to receive every paratransit trip they request, regardless of trip purpose or time of day.

One of the key reasons for this distinction is the emphasis placed on zero trip denials in the U.S. This is discussed in greater detail below. The ramifications of this requirement have led to significant increases in ridership and the cost of paratransit service in the U.S. during the past two decades. For example, the paratransit budget in New York City soon after the passage of the ADA in 1990 was approximately \$US 9 million. In 2011 it exceeded \$US 400 million. In Boston, the operating costs increased from \$US62 million in 2009 to \$US100 million in 2012, before the agency was able to eliminate its paper-based eligibility process for an in-person process. Similar growth patterns have been experienced by smaller systems throughout the U.S. (although many systems have seen a slowing down in ridership growth trends in recent years following implementation of in-person assessments, although not necessarily cost increases).

The key demand management tool allowed by the ADA is the development of an accurate eligibility screening process that was intended to ensure that paratransit be provided as a “safety net”, while significant funds would be invested in enhancing the accessibility of conventional transit services. As a result, as detailed below, U.S. paratransit systems have refined their eligibility processes over the years to ensure that only those whose disability prevents them using conventional transit are registered with paratransit services. More recently the emphasis of these certification processes has been to assist applicants in identifying all the mobility options that are available to them, and making eligibility determinations that match their functional abilities to the most appropriate transportation modes.

This section of the report provides some background on the eligibility requirements under the ADA, describes case studies of six exemplary programs in the U.S., and concludes with some lessons learned that will be integrated into the study’s final recommendations.

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HISTORY OF ELIGIBILITY REQUIREMENTS

The passage of the Americans with Disabilities Act (ADA) in 1990 has had a dramatic impact on the mobility of Americans with disabilities and the transit systems that serve them. The primary goal of the transportation provisions of the Act was to remove barriers to equal opportunity by encouraging the use of accessible fixed-route service by as many people with disabilities as possible, with a requirement that transit systems provide complementary paratransit service for those individuals with disabilities who are functionally unable to use accessible fixed-route service. All transit systems were required to establish a process for certifying individuals as paratransit eligible.

Although the ADA did not specifically set a deadline for establishing an ADA eligibility certification process, ADA Paratransit Plans were not approved if they did not indicate that procedures had been implemented within the first two years of the law's passage. Of all the ADA's requirements, transit systems considered this to be the most urgent as it was deemed a prerequisite for the provision of ADA-compliant service. Many transit systems developed and implemented eligibility certification procedures without the benefit of previous experience, and often without extensive involvement of human services professionals. Transit staff with limited knowledge of functional abilities suddenly found themselves making critical decisions regarding ADA paratransit eligibility that had far-reaching social and financial implications. In addition, many transit systems continued paratransit programs that provided less comprehensive service than the ADA service requirements, but was available to large numbers of individuals who did not necessarily meet the ADA eligibility requirements.

In the early stages of ADA paratransit implementation, transit systems had to choose between a range of politically sensitive approaches to cost growth, such as fare increases, elimination of non-ADA service, reductions in levels of service, reductions in service area to meet the minimum ADA requirements, increases in trip denials, and strict enforcement of ADA and non-ADA eligibility certification. Many transit systems initially resisted implementing strict ADA eligibility criteria because they were serving a broader-based population and were anxious not to remove individuals who depended on their service. They also did not want to appear to be excluding new applicants, particularly seniors, who may have no other transportation options.

As ADA paratransit demand and costs started increasing, transit systems began to examine much more closely their eligibility certification practices as a means of containing cost growth while complying with the service requirements of the ADA. In addition to tightening the eligibility procedures at the registration stage, the ADA enables transit systems to identify ineligible trips at the trip request stage, through trip-by-trip screening. Trip screening refers to the method of determining whether the conditions that have been placed on an individual's certification apply to a specific trip request. For example, if someone who has a visual impairment that prevents them from safely using conventional transit at night, they may be eligible for all specialized transit

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trip requests at night, but their request for a daytime trip will be screened and found ineligible.

Until recently, many systems found this approach difficult to implement, or resisted implementation because of anticipated difficulties. While a handful of systems have implemented trip screening for many years, the number of systems that are considering this option more seriously has increased significantly in recent years. This issue is important because trip screening is predicated on the establishment of accurate eligibility conditions, as highlighted later in this section.

DEFINITIONS AND ELIGIBILITY CRITERIA

Regulatory Definition of ADA Paratransit Eligibility

The US Department of Transportation (USDOT) established three criteria for ADA Paratransit Eligibility, listed below. Applicants must meet one or more of these criteria to receive eligibility; once determined eligible, a transit agency must establish an individual process for determining ADA paratransit eligibility. The three categories for eligibility are:

(1) Any individual with a disability who has a specific impairment-related condition which prevents such individual from traveling to a boarding location or from a disembarking location on [the fixed route] system.

A key component to being eligible under Category 1 is the inability to navigate the system; this might involve obtaining and understanding system information, recognizing and boarding the correct vehicle, recognizing destinations, and understanding transfers needing to be made. For people needing additional assistance, travel training could allow them to use fixed-route transit for frequent trips. Operator or employer assistance may also make the use of fixed-route transit possible.

(2) Any individual with a disability who needs the assistance of a wheelchair lift or other boarding assistance device and is able, with such assistance, to board, ride and disembark from any vehicle which is readily accessible to and usable by individuals with disabilities if the individual wants to travel on a route on the system during the hours of operation of the system at a time, or within a reasonable period of such time, when such a vehicle is not being used to provide designated public transportation on the route.

This category addresses customers who use wheelchairs as well as other mobility aids such as walkers, canes, and leg braces, and addresses the need for the transit customer to use a lift to board the bus. In addition, eligibility under Category 2 is based on the accessibility of transit vehicles and stations/stops. Since the implementation of ADA regulations, eligibility under this category has decreased, as almost all transit systems have fleet vehicles that are 100 percent accessible for providing transit service. There are also limits on the size and weight of wheelchairs operators are required to accommodate; an individual would not be deemed eligible under Category 2 if their

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wheelchair is too large or too heavy for the lift, based on the lift manufacturers' specifications.

(3) Any individual with a disability who is unable, as the result of a physical or mental impairment (including a vision impairment), and without the assistance of another individual (except the operator of a wheelchair lift or other boarding assistance device), to board, ride, or disembark from any vehicle on the system which is readily accessible to and usable by individuals with disabilities.

Certain environmental and architectural factors, such as a lack of sidewalks, steep terrain, snow and ice, or temporary construction projects, can prevent a person with a disability from using the transit system. When these factors, combined with a customer's disability, prevent use of the fixed-route system, they would be deemed eligible for complementary paratransit service under this category.

In summary, individuals with disabilities are to be determined ADA Paratransit Eligible if, because of their disabilities, they are unable to:

1. Board, ride, or disembark from an accessible vehicle.
2. Board, ride and disembark from buses or trains on routes and lines that are not accessible, or have no accessible vehicle available on their desired route or hour of service.
3. Navigate the fixed route system even if it is accessible, or get to and from bus stops or rail stations because of specific impairment-related conditions.

Regulatory Guidance on Determination of Eligibility

The regulations note that determinations of ADA Paratransit Eligibility are to be based on functional ability to use the fixed route system. Based on the regulatory criteria, the eligibility determination process should consider specific tasks that must be successfully performed to be able to use fixed route services, as well as physical, cognitive and sensory skills that applicants must have to successfully perform these tasks.

The regulations also note that determinations of eligibility are to be based on *individual* travel ability. Assistance from a vehicle operator in using the accessibility equipment can be considered, but assistance from others such as companions or attendants should not be assumed. Based on our understanding of Ontario's AODA, ADA's emphasis on ***independently*** being able to ride fixed-route (conventional transit) represents a substantive difference between the two pieces of legislation.

Additionally, the regulations indicate that ADA Paratransit Eligibility is *trip specific*. Individuals with disabilities may be able to use fixed route services under some situations and circumstances (e.g., if distances to and from stops is not too great for them, or if they have received instruction on how to make a particular trip). Under other situations and circumstances, these individuals may not be able to use the fixed route service. To be thorough and to allow for the determination of the eligibility of specific

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trips, the eligibility process should determine 1) if these individuals can or cannot use fixed route services, and 2) the specific conditions and situations under which they can and cannot use the fixed route system.

Paratransit Eligibility Process

There are a number of key eligibility determination models, and variations on each of these models have been applied at different transit systems across North America. Variations are based on the nature of the eligibility screening assessment, the administrative responsibility for implementing the screening, and the nature of the appeals process. The models tend to vary based on whether the following elements are required in all cases, on an "as needed" basis, or not required at all. These can include:

- Self-certification by the applicant ("Paper-based model")

- Professional verification via written documentation and/or telephone conversation

- In-person interview

- In-person physical functional assessment

- In-person cognitive assessment (FACTS, explained below)

- In-person assessment of visual ability

- Web-based certification

- A hybrid of these different models

Since the concept of a functional assessment may not be familiar to all readers, following is a brief description of this model:

In an in-person functional assessment, applicants' eligibility is based on their ability to perform a number of tasks that simulate the steps required for a bus or train ride. This usually consists of an initial interview, followed by an indoor or outdoor (or combination) walk or roll up and down curbs and curb cuts and steps (in systems where conventional transit is not yet fully accessible), observation of applicants' ability to walk up to approximately one kilometer, a gait and balance test (known as a Tinetti Test), ability to cross at a signalized and unsignalized intersection, and ability to perform a variety of other tasks, such as handling change or transit information. The assessment is varied based on the applicants' most limiting condition. For a more detailed description of implementation of functional assessments, the reader is directed to the Project ACTION web site, where the "Guidance for Conducting Physical Functional Assessments for ADA Paratransit Eligibility" can be found (www.projectaction.org).

In addition, readers may not be familiar with the Functional Assessment of Cognitive Transit Skills (FACTS). FACTS is the only assessment tool developed and validated to specifically predict the abilities of persons with cognitive disabilities to use conventional transit. The test was developed in 1996 by the transit agency in Pittsburgh in collaboration with a neuropsychologist and a variety of rehabilitation professionals

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under the sponsorship of Project ACTION, and is also described in the document reference in the previous paragraph. It can be relatively easily administered by staff without a professional background, and has undergone the test of time with very few challenges.

Agencies typically use several of the methods listed above, either in conjunction or sequentially, to determine eligibility. Some examples are: self-certification plus verification as needed; in-person interviews, with functional assessment limited to the appeals process; or interviews with all applicants, and functional assessments with a portion who are not readily identifiable as fully eligible. Increasingly the trend in the U.S. has been towards conducting in-person assessments with a majority, if not all applicants, and using the opportunity to generate very clear conditions placed on registrants' eligibility in order to facilitate trip screening when they request a trip.

While there is general agreement among U.S. paratransit industry experts that in-person functional assessments provide the most accurate tool for identifying applicants' functional abilities, due to the significant initial cost outlays of these assessments, some agencies have pursued a couple of other eligibility models. The two models worth noting are telephone interviews and web-based assessments. The paratransit broker in Santa Clara County, California (where San Jose is located) relies primarily on telephone interviews for eligibility determinations. These are usually conducted by high level professionals such as occupational therapists who conduct a comprehensive conversation on the phone with the applicant, and in a very few cases where a determination cannot be made, the applicant will be referred for an in-person assessment. Eligibility outcomes are relatively similar to those of in-person assessments, though the ability to apply eligibility conditions is arguably more challenging.

Web-based assessments have been pioneered by adaride.com, which is based in California. This model has been applied in nine paratransit programs, ranging from those in smaller communities such as Victor Valley and Butte County, CA (population in the 200,000 range) to larger systems such as Richmond, Virginia and North San Diego County (population in the 600,000 to 800,000 range). The web-based model is based on the premise that, since most applicants are found fully eligible, and since most systems that use in-person assessments have yet to apply their eligibility conditions, transit systems that are fiscally constrained should not be spending significant sums on transporting applicants to costly in-person assessments and placing a burden on applicants to come in.

Under this model, applicants need to create an on-line account, complete the application, and then mail or e-mail a healthcare form completed by a professional who is familiar with their abilities. This information is then reviewed by the professional on [adaride's](http://adaride.com) evaluation team who has specific expertise in the disability that is the basis for the person's application. Team members include medical doctors, physical and occupational therapists, registered nurses, social workers etc. Eligibility outcomes are

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relatively similar to those from in-person assessments in terms of the breakdown of eligibility categories, but not in terms of level of detail. On average, about 56 percent of the 36,000 applications that have been reviewed so far have been determined fully eligible, 38 percent conditional (includes 11 percent temporary), and 6 percent ineligible. In a small number of cases, if determinations cannot be easily determined, a rider is set up to conduct in-person functional assessments. Appeals have remained below one percent of the total number of certifications.

Assessment costs range from \$US45 to \$US70 per application. While the relatively lower costs of these assessments have been appealing to a number of agencies, some of the shortcomings that have been cited by paratransit eligibility experts have been as follows: there is a perception that the model relies too heavily on applicants' ability to use technology (although these are often completed by caseworkers and other professionals) but in fact many applicants fill the paper form out and submit; there is limited ability to have a discussion with the applicant about the full range of mobility options afforded by in-person assessments; and the inability to observe applicants ambulate in-person places a significant limit on the evaluator's ability to establish reliable and informative eligibility conditions. Some agencies that have weighed these tradeoffs against the lower costs of the web-based model have found the "safety gap" option of being able to invite an applicant in for an assessment is a necessary component for "gray area" applications.

The table below shows the combinations of assessment methods used by a sample of paratransit transit operators in the U.S. Some of the elements in the table do not apply to all applicants (for example in Boston less than a third of in-person assessments involve a functional assessment).

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Paratransit Eligibility Process⁵

	Application	Medical Verification/ Certification	Phone Interview	In-Person Interview	In-Person Functional Assessment	Photo ID
Boston		●		●	●	●
Broward Co. (FL)	●	●	●	●	●	●
Chicago	●	●	●	●	●	●
Dallas	●	●	●	●	●	●
Long Island	●	●				●
Houston	●	●	●	●	●	●
Los Angeles	●	●	●	●	●	●
Miami	●	●		●	●	●
New Jersey		●*			●	
New York	●		●	●	●	
Seattle	●	●	●		●	●
Washington	●	●	●	●	●	●

**New Jersey: The medical certification is a component of the in-person assessment.*

The most recent phase in the evolution of eligibility models is moving away from the notion that these are intended purely to determine whether a person is paratransit eligible or not, and rather using it as an opportunity to match the person’s functional abilities to the most appropriate mode (for example in Honolulu the slogan for the eligibility process is “Catch the right bus!”). This mobility management model is somewhat similar to the “family of services” approach used by some Ontario systems, and is intended to expand individuals’ mobility options, while enhancing the cost-effectiveness of the transit agency’s service delivery.

Due to the ever-increasing demand for complementary ADA paratransit trips, transit systems have instituted a number of actions related to reducing the costs of this type of service, including steps to limit the demand through more accurate and complex ADA paratransit eligibility processes. Several studies have looked at these modifications and the impacts these changes have had on riders with disabilities.

Surveys and Case Studies

In 2009, the Center for Urban Transportation Research in Florida conducted a survey to determine the impacts of more rigorous eligibility assessments on riders with disabilities. Surveys were sent to 110 properties, of whom 39 responded. The study is interesting as it highlights the experience of a broad range in size of systems, from those

⁵ Paratransit Peer Report, CY 2010/FY 2009-10, MTA New York City Department of Buses, Paratransit Division

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serving 10,000 residents to the largest cities in the U.S. Some of the highlights from that survey follow:

- Increases in paratransit demand over a five year period were documented. The list of increases in paratransit demand may be found in Appendix 3. It is interesting to note that many of the agencies that have implemented some form of in-person assessments may be found in the bottom half of the table, which indicates lower ridership increases (such as Dallas, Broward County [south Florida], SEPTA [Philadelphia], King County [Seattle], and San Mateo [south of San Francisco]).
- Almost all (94 percent) of the respondents use professional verification as part of their process, of which 54 percent use it all of the time.
- Seventy-seven percent indicated that they use in-person interviews some or all of the time.
- About half (49 percent) conduct physical functional assessments. Five agencies indicated that they conduct these assessments with all their applicants, eight did so with more than half, and the remainder did so with a third or less of their applicants.
- Nineteen percent use functional assessments all of the time, while an additional 54% percent use them sometimes.
- Fifty-nine percent (59%) use the FACTS test some or all of the time to assess the capabilities of applicants with cognitive disabilities.
- Seventy-four percent recertify their registrants every three years, five percent bi-annually, and two percent every year. Only three of the respondents grant eligibility terms that exceed three years, and none indicated that they provide lifelong eligibility. This stands in stark contrast to the practice among many Canadian systems that provide lifelong eligibility.
- While the survey indicated that 78 percent of respondents do find registrants conditionally eligible, unfortunately it did not ask the critical follow-up question of how many actually apply those conditions in their paratransit operations (otherwise the net effect is to provide unconditional eligibility to all applicants, thus defeating one of the purposes of conducting in-person assessments).
- Sixty-one percent of respondents provide free or deeply discounted fares on conventional transit to their paratransit registrants (presumably these exceed the half-fares during off-peak hours for seniors and people with disabilities required under U.S.federal legislation).
- The majority (73 percent) of respondents have travel training programs available to their applicants free of charge.

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Case Studies of Best Practices in Large Metropolitan Areas

In late 2011, Nelson\Nygaard prepared a peer review for the Chicago Regional Transportation Authority that compared the ADA paratransit eligibility processes used by six US transit providers. The following section looks at the processes and policies employed by each agency. The table below shows the systems included and their eligibility program characteristics.

Transit Systems Surveyed

System/City	ADA Eligibility Process	Conditional/Trip Eligibility
RTA Chicago, IL	100% in-person interviews and assessments	Conditions established; almost no implementation
RTC Las Vegas, NV	100% in-person interviews and assessments	Conditions established; No implementation
King County Metro Seattle, WA	Paper application with in-person interviews/assessments for 95% of applicants	Conditions established; Moderate implementation
ACCESS Pittsburgh, PA	100% in-person interviews and assessments	Conditions established and fully implemented for all trips
SEPTA Philadelphia, PA	Paper application with 30% in-person interviews and assessments	Conditions established; Significant implementation
UTA Salt Lake City, UT	100% in-person interviews and assessments	Conditions established; Moderate implementation

PROCESS DESCRIPTIONS

Regional Transportation Commission (RTC), Las Vegas, NV

The RTC provides ADA paratransit service in the greater Las Vegas area, which has a population of about two million. RTC reported receiving 5,637 applications for ADA paratransit eligibility in the year prior to the study.

ADA paratransit eligibility applicants call the RTC to schedule an in-person interview and assessment appointment. The RTC does not send an application form in advance and applicants are not required to bring a completed application to the interview. RTC Eligibility Specialists conduct the interviews. Besides entering applicants' responses directly into the computer, the Specialists also add general observations (applicant's responsiveness, comprehension, behavior, vision, etc.). At the end of the interview, the RTC Eligibility Specialist determines if the information obtained in the interview, and any documentation of disability provided by the applicant, is sufficient to make an eligibility determination. If the information is sufficient, the interviewer will record the recommended determination and the process is complete. This is typically the case for applicants who are unconditionally eligible.

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If the Eligibility Specialist feels that additional information is needed, the applicant is referred to a contracted Evaluator for a functional assessment. Applicants with physical disabilities are asked to participate in a physical functional assessment, which involves navigation of an outdoor course. The course is located in the immediate vicinity of the assessment center, and includes a simulated crossing of a very wide street, timed traffic signals, and an area of dirt and stones along the sidewalk. The assessment also includes FACTS tests for applicants with cognitive disabilities, and Mini Mental Exams for applicants with dementia or traumatic brain injuries.

King County Metro (Seattle, WA)

King County Metro provides ADA paratransit service in Seattle and throughout the King County service area, which includes a population of more than 1.9 million. Metro reported receiving 9,166 applications for ADA paratransit eligibility in its most recent reporting year. Of these only 5,356 (58 percent) completed the full evaluation process, due to the multiple steps required, as described below.

Metro's Accessible Services contracts with Harborview Medical Center (HMC) to conduct in-person assessments with almost all applicants. Metro's process is unusual compared to other systems because of the strong emphasis placed on educating potential applicants about the role of ADA paratransit and the eligibility process at the first point of contact. As a result, a significant proportion (67 percent) of initial callers choose to either not submit applications or do not complete the entire eligibility process.

HMC conducts an indoor interview and outdoor assessment in the neighborhood of the medical center. HMC does not use the FACTS test for people with cognitive disabilities, but they are taken on the outdoor assessment to determine their capabilities after being asked questions that are similar to the FACTS test.

While the proportion of referrals for in-person assessments has increased dramatically (from 35 percent in 2002 to 95 percent in 2010), Metro has found that the comprehensive telephone interview still provides an important benefit to both callers and the transit agency. The agency has estimated that if all callers were automatically referred for an in-person assessment, it would cost Metro an additional \$876,000 per year.

ACCESS (Pittsburgh and Alleghany County)

The eligibility process used in Pittsburgh is widely considered one of the early pioneers in the implementation of in-person assessments, and is the basis for many of the best practice elements that are incorporated in the Project ACTION manual. However, one significant caveat that must be considered in the comparison of Pittsburgh's eligibility outcomes to those in other systems is that there is a comprehensive lottery-funded senior transportation network available throughout Pennsylvania. This program is widely used by seniors who would otherwise apply for ADA paratransit eligibility. As a result, the volume of ADA paratransit applications in Pittsburgh is very small for the

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population that it serves, and the proportion of senior applicants is relatively small compared to other systems. The total number of ADA paratransit eligible registrants was only 4,288 in December 2010, of whom only 14 percent are over 65, in contrast to other systems where typically the majority of registrants fall into that age category. ACCESS reported making only 540 determinations of ADA paratransit eligibility per year.

The application procedure involves a number of steps. When the applicant calls the customer services department, the staff person determines in a brief conversation whether the basis of the application is physical, cognitive, visual, psychiatric, or seizures, or a combination thereof. This ensures that the applicant gets the correct forms for Professional Verification. Based on the completed application, staff determine if an interview alone by ACCESS staff will suffice, or which type of functional assessment would be the most appropriate. The office environment in which the initial phase of the assessment is conducted is very basic and fitted out at low cost, since the greater emphasis is placed on evaluating the applicant in the “real world” environment in the neighborhood where the agency is located.

SEPTA CCT Connect (Philadelphia, PA)

SEPTA’s ADA paratransit program is known as CCT (Customized Community Transportation) Connect. It serves an area of 2,200 square miles, and a population of approximately 3.9 million. SEPTA reported receiving 4,362 applications for ADA paratransit eligibility in its most recent reporting year. Similar to the program in Pittsburgh, all information related to eligibility needs to take into account the fact that SEPTA also provides a senior transportation program to Philadelphia seniors, known as “Shared-Ride”, which has 62,000 registrants.

When a person calls Customer Service to inquire about paratransit, staff determines whether the caller meets the basic eligibility requirements; lives in Philadelphia County; and, is 65 years of age. When the completed application is submitted, it is forwarded to an evaluator. The evaluator reviews applications, makes a preliminary determination, and makes two attempts to get information from the professionals listed in the application. Approximately 30 percent of applicants are referred to three contractors for functional assessments. Functional assessments are conducted outdoors unless there is inclement weather or the applicant refuses an outdoor assessment.

Utah Transit Authority (Salt Lake City, UT)

UTA was the smallest system included in this research (4,000 registrants and about 924 determinations per year). UTA staff were interviewed to gain an understanding of the agency’s approach to conditional eligibility and the mechanisms that have been implemented to conduct trip eligibility screenings. These are described later in this chapter, but some of the relevant elements of the UTA process include the following:

- The eligibility (Special Service Business Unit) and service delivery (Operations) departments of the agency have intentionally been separated to avoid the appearance of service constraints influencing eligibility determinations.

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- Eligibility terms are provided for five years when an individual undergoes his/her second eligibility screening.
- Full eligibility screenings last from one hour for existing registrants to two hours for new applicants.
- UTA began implementing trip screening about five years ago, but it was a year long process that required substantial effort to identify candidates, conduct training and education of riders.
- UTA experienced a substantial decline in ridership when in-person assessments were introduced. However, since this was part of a more comprehensive program that included the introduction of free fixed-route fares and travel training, the exact impact of in-person assessments is not easy to determine.

Eligibility Process Policies

Assessment No-Shows

A significant minority of ADA paratransit applicants do not appear for their in-person assessments, or cancel their appointments too close to the time to reschedule. For three systems where data is available (Las Vegas, Pittsburgh and Philadelphia), the combined no-show/cancellation rate is between 20 and 27 percent of scheduled assessments.

Transit systems indicated that they have established policies to reduce the impact of assessment no-shows. In Las Vegas, no penalty is applied to new applicants who do not appear for their assessments. If they are recertifying, they are given the opportunity for one more appointment, and if they do not show up for that one they are removed from the registration list and required to reapply. In King County Metro, staff call applicants twice before sending a “no contact” letter indicating the certification process has stopped since the applicant has not responded to attempts to contact them. If the applicant responds to the letter, the certification process will continue. Applicants are allowed to cancel/no show their in-person evaluation three times before the contractor returns the application to Metro staff.

In Philadelphia, SEPTA staff makes three attempts to schedule an assessment. After the second attempt a letter is sent asking the applicant (or customer up for recertification) to call the Customer Service office. If there is no response or the individual refuses to reschedule, the evaluator is notified and the assessment process is cancelled.

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Recertification

Due to cost considerations and the confidence in the initial in-person determinations, a number of systems in the study sample have limited the requirement for in-person recertifications. In Pittsburgh, about 75 percent of recertifications are conducted via a mail-in process, and more than half of Las Vegas recertifications are also handled via mail.

In Las Vegas, the RTC has developed a detailed list of criteria that can allow riders to be recertified by mail. This includes riders with three or more eligibility conditions, riders who are 80 years of age or older, riders with vision disabilities who cannot cross streets, riders with severe dementia or mental retardation, and riders who can travel 660 feet or less. For the minority of those recertifying who are required to come in, a significant proportion participate in just an interview rather than a functional assessment. This approach has represented a cost savings to the agency, since 50 percent of those who are required to renew by mail do not respond.

The King County Metro recertification process is similar to the original functional assessment process due to the assumption that circumstances change in mobility aid(s) and/or functional skills. Metro considered extending the eligibility term from three to five years as a cost savings measure. However, the agency determined that 700 eligible individuals did not reapply for eligibility on an annual basis, representing 12,000 trips (based on their actual trip patterns in a 60 day period). Based on this calculation, it was determined that requiring recertification every three years was a sound practice and should be continued.

Eighty-five percent of Pittsburgh's ACCESS registrants receive a three year eligibility term. For the remainder, analysts have determined in the initial process that an unconditionally eligible registrant's condition is not expected to change. These registrants are not required to come in for a recertification assessment, but rather receive a two-sided form that essentially updates their information. For most others, a longer form is sent, but only 25 percent of all recertification applicants come in for an assessment, and these are usually individuals who have started using a mobility aid which enables them to have greater functionality.

In Philadelphia, SEPTA registrants are given three year eligibility terms, unless they have significant mental retardation or are totally blind and unable to be travel trained, in which case they are given 5 years of eligibility upon recertification.

Conditional Eligibility

Conditional eligibility is routinely applied in Seattle, Pittsburgh, Philadelphia and Salt Lake City, and Las Vegas planned to initiate trip screenings in 2012. It should be noted that many transit systems in the U.S. have yet to apply conditional eligibility, although the trend is towards greater implementation. Systems studied in this report generally have between 12 and 14 conditional categories, although King County Metro has over

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20. Following is a listing of some of the key categories that are used by transit systems in applying conditional eligibility:

- Need for transfers on fixed-route
- Distance
- Slope
- Seasonal
- Snow/ice
- Temperatures
- Darkness
- Travel trained
- Dialysis
- Street barriers (e.g. lack of sidewalks or curb cuts)

Transit systems use a variety of approaches to apply eligibility conditions. King County Metro staff compiles a list of all conditionally eligible riders using Access for the same trip three times within three months, which is forwarded to the control center contractor. The contractor performs a “pathway review” to determine if the individual would actually be able to negotiate the paths between the nearest transit stops and their points of origin and destination. The control center contractor then makes a recommendation to Metro. A mobility planner in the Accessible Services ADA Certification group then calls the customer about the review and sends a letter with the detailed results. If any specific trip is determined to be accessible using regular public transit, the rider is given a written 30 day notice that the trip is accessible and will no longer be available on paratransit. The rider is also sent accessible bus and pathway routing directions. Most customers call back for clarification or to raise issues. The mobility planner counsels the customer about how to make the trip by transit, provides information about transportation alternatives, offers to set up a program of transit instruction, and explains how to request an appeal or recertification. Accessible Services staff have estimated about 22,000 trips were not taken on Access in 2009 due to the pathway reviews, representing an annual savings of \$844,798 in Access operating costs.

In Pittsburgh, ACCESS applicants are given very specific information about their eligibility to ensure that both reservationists and the riders have a common understanding of which trips are eligible. Since 2005 ACCESS has been applying eligibility conditions on all trips requested by those with conditional eligibility.

ACCESS has found that about 29-35 percent of applicants are determined conditionally eligible, but they only take about 18 percent of the trips, and about half of those are standing orders. This proportion of trips has not changed in nearly 10 years. So the screening process, while not insignificant, is not as substantial as is commonly assumed. ACCESS generates regular reports about conditional and feeder trips so that they can evaluate the barriers that create eligibility. If these can be addressed, the agency tries to implement mitigations such as making bus stops accessible, installing traffic signalization and curb cuts. The agency has had only limited success in this effort – but knowing why people need to use paratransit is helpful in planning efforts.

SEPTA uses 12 categories of conditional eligibility. Almost all conditions are applied in the provision of service. Trip by trip screening is usually applied if the person lives in an

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area with architectural barriers (e.g. no pavements or curb cuts). In general, CCT Connect provides the trip until staff can determine if the barriers do exist; and/or if it makes sense operationally to provide “feeder service” to/from an accessible boarding location, or to provide the full trip.

The following figure presents eligibility outcomes in these systems. Although these are all large systems, the outcomes should not differ substantially between small and large systems. The systems in this chart display a surprisingly high variation in the proportion of applicants who are found unconditionally eligible, i.e. eligible for every trip requested. These range from 38 to 80 percent. This is partly explained by the greater emphasis placed on conditional eligibility by those systems that actually apply their eligibility conditions, such as Las Vegas (30 percent), King County (29 percent), Pittsburgh (29 percent), and Salt Lake City (25 percent). As illustrated in the table, most systems deny two percent or less of their applicants. Cost savings do not accrue from denials, but rather from reduced application volumes and the application of eligibility conditions.

Figure 5-1 Determination Outcomes of Systems Surveyed⁶

System/City	Eligibility Outcomes				
	Unconditional (Full)	Conditional	Temporary	Denial	Other
RTA Chicago, IL	80%	18%	2%	1%	N/A
RTC Las Vegas, NV	46%	30%	13%	9%	< 1% *
King County Metro Seattle, WA	70%	29%	Not reported	<1%	N/A
ACCESS Pittsburgh, PA	52%	29%	8%	11%	N/A
SEPTA Philadelphia, PA	38%	54%	2%	2%	4% **
UTA Salt Lake City, UT	63%	25%	6%	<1%	6% ***

* Non-ADA eligibility

** Pending determination

*** 2% Incomplete, 4% non-compliant mobility aid

⁶ Review of the RTA (Chicago) Paratransit Eligibility Certification Program, 2011, Nelson\Nygaard as sub-consultant to TranSystems

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SYNTHESIS OF KEY LESSONS LEARNED FROM THE U.S. EXPERIENCE

Following are some of the key lessons learned that will help guide the development of study recommendations for Canadian paratransit eligibility programs later in this study:

- In-person assessments are much more effective than paper-based applications, even when the latter includes medical verification from health care practitioners.
- The “fully loaded” costs per in-person assessments are significant when compared to administrative “rubber stamp” eligibility processes. While in-person assessments lead to significant cost savings, decision-makers such as City Council or transit board members require long-term vision in order to make the more costly short-term investments.
- The impetus for more accurate eligibility assessments is usually due to spiraling ridership and costs. Cost savings are usually accrued from a reduction in application volumes as individuals realize that they are unlikely to be certified under a more accurate process, and also in the enhanced ability to apply trip screening. However, in the Canadian context where de facto trip denials are allowed in many systems, a transit agency may choose to continue to provide trips to large numbers of people, recognizing that this approach could severely disadvantage those who truly are functionally unable to use conventional transit.
- Apart from financial considerations, expanding mobility options (low floor buses, accessible rail services, etc.) is a significant reason for implementing more accurate eligibility processes. These processes allow for a dynamic discussion of functional abilities and options that is not possible under paper-based models.
- In-person assessments facilitate the identification of potential participants in travel training programs, and the implementation of free or reduced fare rides on conventional transit with greater assurance that these would not be abused by those who should not be registered with paratransit to begin with. It is critical that transit systems that are considering free or reduced fare incentives for paratransit registrants on conventional transit have maximum confidence in the ability of their eligibility model to accurately identify functional abilities.
- When implementing in-person assessments most systems require all existing registrants to recertify for paratransit service. The primary reason for this approach is a recognition that if all existing registrants were allowed to be “grandfathered” into the system based on inaccurate paper-based processes, there would be many who would continue riding paratransit for the rest of their lives, even though they could use conventional transit for at least some of their trips. The cost implications of “grandfathering” are huge. In addition, “grandfathering” registrants raising significant equity issues. Two individuals with the same level of functioning may be found eligible and ineligible for the same

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service, which can create ill-will at best, and potential lawsuits at worst. Some systems used to require in-person assessments for all recertifying applicants after three years, even those who had already participated in an initial in-person assessment. However, a more effective approach to the second and subsequent recertifications, has been to only require an abbreviated postcard/short paper application confirming no changes in the registrants' address, functional abilities, or use of mobility devices. Some systems continue to require in-person assessments for those who are conditionally eligible.

- Eligibility assessments need to recognize a range of variables present in the context in which paratransit is provided, such as recent trends in paratransit ridership and costs; latent or “discouraged” demand; community desire for more accurate eligibility; funding availability for paratransit provision and for eligibility assessments; and availability of resources such as professionals in the rehabilitation field.
- While in-person assessments were introduced slowly in the early years following the passage of the ADA, the rate of implementation increased rapidly in recent years, and now every large city (apart from Atlanta) in the U.S. includes in-person assessments, and increasingly small and mid-size cities have followed suit.
- Most disability communities initially respond to the prospect of more accurate assessments with trepidation and mistrust. However, a number of approaches have been used to address these concerns. Community members generally (but certainly not always) become much more supportive as they become more educated about what is involved in an in-person process and why there is a need for the process – this is particularly true after applicants have participated in a well-designed and respectful process.
- Providing transportation to in-person assessments is a significant way of building support for the process, and ensures that this element of the process does not represent a barrier to those who need the service. Even when the service is offered to applicants, a portion of them will arrange their own transportation to the assessment (usually in the 30 percent range, although this will differ depending on the degree to which a jurisdiction is car or transit oriented).
- A significant proportion of paratransit registrants (usually in the 20 to 30 percent range), can use conventional transit for some of their trips. Identifying those individuals, and applying the conditions of their certification status (i.e. trip screening), are still perceived as an arduous process by many systems. However, a number of transit systems do routinely apply conditions, and the trend is for more agencies to adopt this approach.

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- No matter how much effort has been invested in refining a paratransit application form, no paper-based model can truly identify the functional abilities of a significant proportion of applicants.
- Application forms are of limited value if an in-person process is in place. However, on balance, requiring submission of these forms ahead of an assessment has some significant advantages.
- Medical input is useful but should definitely not be determinative. Some systems require a medical waiver (which allows staff the option of calling medical practitioners as needed), while others require medical verification. There are advantages and disadvantages to each approach.
- There are also advantages and disadvantages to using professionals with a rehabilitation background (e.g. occupational and physical therapists) to conduct third party assessments. The advantages are that these therapists are usually much better able to identify applicants' functional abilities for transit use without relying on a medical model. As such they can more readily identify specific conditions under which an applicant cannot ride conventional transit, thus enhancing the ability of paratransit programs to implement trip screening. The primary disadvantages are the higher cost for rehabilitation professionals than those with other skills, and the greater challenge in recruiting such professionals to conduct these evaluations.
- If possible, assessments of those with limited vision should be conducted by Orientation and Mobility Specialists.
- Assessments of people whose applications are based on psychiatric disabilities or seizure disorders should rely primarily on the health practitioners who work with those applicants, rather than an in-person assessment by the third party evaluator.
- Almost all systems that use in-person assessments rely on third parties to conduct these assessments. While there are four or five private entities that contract for assessments in over 20 medium to large U.S. systems, many systems contract with a local social service agency or an independent living center to perform this role. There are also a few systems that have effectively brought this function in-house, and may contract out for a small number of assessments based on appeals or specialized expertise.
- While it is fairly common to adopt an appeals model that incorporates an appeals panel consisting of people who represent different constituencies (such as the disability community, the transit agency, a social service agency), this is a distinctly ineffective approach. If a panel approach is adopted, participation should be based on the individuals' knowledge of disabilities/functional abilities and transit agency operations and policies, not who they represent. Alternatives

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to the panel approach can be based on a roster of contracted professionals who have expertise in various disabilities. While there is a greater unit cost to this approach, transit systems often fail to identify the labor costs involved in coordinating and recruiting volunteer panelists, especially when the number of appeals grows following implementation of in-person assessments.

APPENDIX 1

Electronic Survey Respondents

Appendix 1 Electronic Survey Respondents

The following table lists all respondents to the survey on eligibility processes for Specialized Transit services.

City	Agency
Airdrie, Alberta	ACCESS Airdrie
Barrie	Barrie Accessible Community Transportation Service (BACTS)
Calgary	Access Calgary, Calgary Transit
City of Saskatoon	Access Transit
City of Yellowknife, NT	Yellowknife Accessible Transit System
Cornwall	Cornwall Transit
Durham	DRT Specialized Services, Durham Region Transit
Edmonton	DATS, Edmonton Transit System
Grand River	Grand River Transit Mobility PLUS Region of Waterloo
Halton Hills	Town of Halton Hills ActiVan Service
Hamilton	Accessible Transportation Services
Hanover	Saugeen Mobility and Regional Transit
Leduc	Leduc Assisted Transportation Services (LATS)
London	London Transit Commission
Milton	Milton Transit
Niagara	Niagara Specialized Transit
Oakville	Oakville Care-A-Van
Ottawa	Para Transpo
Peterborough	Peterborough Transit Handi-Van
Red Deer	Red Deer Transit
Regina	Regina Paratransit Service
Rocky View	Rocky View Regional Handibus
Sault Ste. Marie	Sault Ste. Marie Transit Services
St. Albert, Alberta	St. Albert Transit Handibus
St. Catharine's	Paratransit System of St.Catharines
Timmins	Timmins Transit
Victoria	BC Transit, Victoria Regional handyDART
Whitehorse	City of Whitehorse Transit
Windsor	Handi-Transit Windsor
Winnipeg	Winnipeg
Woolwich	Woolwich Transit Inc.

APPENDIX 2

Eligibility Criteria Used by Survey Sample

Appendix 2 Eligibility Criteria Used by Survey Sample

TRANSIT SYSTEM	LOCATION	DIFFICULTY BOARDING				DIFFICULTY USING				MEDICAL DIAGNOSES	OTHER			VISITOR POLICY
		Cannot Climb or Descend Stairs	Cannot Walk to nearest stop	Requires Assistance to Stand or Hold for Support	Physically Unable to Ride Conventional Transit	Cognitive Impairment	Visual Impairment	Hearing Impairment	Sensory Motor Area Impairment	Medical conditions that do not allow for travel on fixed-route services	Elderly	Uses a Mobility Aid on a Regular Bus	Other	
TransLink (HandyDART)	Metro Vancouver				X	X				X			Physical or cognitive disability and are unable to use transit without assistance. Temporary disability that affects mobility.	Visitors must submit "Application Form for Visitors"
BC Transit (HandyDART)	British Columbia (outside of Metro Vancouver)	X	X	X	X	Must travel accompanied and/or cannot plan trip	Unable to see signs or read directions clearly			X			Individuals with medical disorders.	No info available
Calgary Transit (Access Calgary)	Calgary				Eligibility based on ability to use regular Calgary Transit fixed-route service.	Cannot independently travel on fixed-route	X			X			Unconditional or conditional eligibility. Conditional eligibility for snow and ice, cold weather, and hot weather periods.	Services for Calgarians only.
Red Deer Transit No Public Paratransit	Red Deer				Based on functional ability - not able to use conventional fixed-oute service				X	X	80 years and over	-	Mobility device to large for conventional fixed-route service	Services for Red Deer residents only

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TRANSIT SYSTEM	LOCATION	DIFFICULTY BOARDING				DIFFICULTY USING				MEDICAL DIAGNOSES	OTHER			VISITOR POLICY
		Cannot Climb or Descend Stairs	Cannot Walk to nearest stop	Requires Assistance to Stand or Hold for Support	Physically Unable to Ride Conventional Transit	Cognitive Impairment	Visual Impairment	Hearing Impairment	Sensory Motor Area Impairment	Medical conditions that do not allow for travel on fixed-route services	Elderly	Uses Mobility Aid on a Regular Bus	Other	
Regina Transit (Regina Paratransit Service)	Regina	X	X		Eligibility based on ability to use regular fixed-route service.	X	X			X	If a resident in: William Booth, Lutheran, Pioneer, Elmview, Parkside, Sunset, Santa Maria or Wascana Rehabilitation	X	Enrolled in the Pioneer or William Booth Adult Day Program or living in another community but registered to receive ParaTransit Service. Temporary disability that affects mobility.	Visitors also eligible if they are unable to use regular transit.
Winnipeg Transit (Handi-Transit)	Winnipeg		X				Has 20/200 vision or less			X		X		No info available. Likely for Winnipeggers only.
London Transit (Specialized Transit)	London	X	X	X	X							X	Requires an attendant to travel.	No info available.
Kiwanis Transit	Woolwich, Wellesley, Wilmot Townships				X	X	CNIB registrant				65 years of age or older		Temporary disability that affects mobility.	Residents only.
Accessible Transportation Services	Hamilton				X	X	X						Unconditional, conditional or temporary eligibility determined on a case by case basis. Temporary disability affects mobility.	No info available

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TRANSIT SYSTEM	LOCATION	DIFFICULTY BOARDING				DIFFICULTY USING				MEDICAL DIAGNOSES	OTHER			VISITOR POLICY
		Cannot Climb or Descend Stairs	Cannot Walk to nearest stop	Requires Assistance to Stand or Hold for Support	Physically Unable to Ride Conventional Transit	Cognitive Impairment	Visual Impairment	Hearing Impairment	Sensory Motor Area Impairment		Elderly	Uses Mobility Aid on a Regular Bus	Other	
Milton Specialized Transit	Milton	X	X											Residents only.
Transhelp	Peel Region	X			X	Required to travel with a personal care attendant except in special circumstances.						X	Temporary and seasonal conditional service. Temporary disability affects mobility.	Visitors must be registered with a specialized transit service elsewhere.
Metrolinx No Regional Paratransit	Greater Toronto Area													
TTC (Wheel-Trans Service)	Toronto												Depends on an individual's functional mobility at home, in the area, and community. Eligibility not based on particular disabilities, general health or income.	No info available
Peterborough Transit (Handi-Van)	Peterborough	X	X		X								Temporary registration available for severe weather related periods, rehabilitation, and mobility training periods	No info available

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		Cannot Climb or Descend Stairs	Cannot Walk to nearest stop	Requires Assistance to Stand or Hold for Support	Physically Unable to Ride Conventional Transit	Cognitive Impairment	Visual Impairment	Hearing Impairment	Sensory Motor Area Impairment	Medical conditions that do not allow for travel on fixed-route services	Elderly	Uses Mobility Aid on a Regular Bus	Other	
OC Transpo (Para Transpo)	Ottawa	X	X		If doing so will severely endanger or lead to bodily harm.								Conditional eligibility for winter service only available.	No info available
All Quebec Paratransit Systems	Province of Quebec	X	Unable to walk 400m		If doing so will lead to severe danger or bodily harm	Unable to keep track of time or surroundings	X						Unable to communicate verbally or with signs (must be with a physical disability)	Visitors must be registered with a specialized transit service elsewhere in Quebec; visitors outside Quebec can use services as long as they use a wheelchair.
Metro Transit (Access-a-Bus)	Halifax Regional Municipality	X	X		X	X	Has vision of 20/200 or less					X	Four eligibility criteria: permanent, temporary, seasonal (winter), and conditional. Unable to communicate orally or through sign language.	No info available
GoBus – Accessible Transit	St John’s	Cannot do so in a dignified manner	Cannot do so in a dignified manner	Cannot do so in a dignified manner	Cannot do so in a dignified manner	X	X						Provisional GoBus Eligibility for the winter months; or temporary eligibility	Visitors who are registered with a specialized transit service elsewhere
Handy-Bus	Whitehorse	X	X		Any person unable to use transit without full safety or dignity	Unable to understand and follow transit schedules or plan trips			X			X	Requires an attendant to travel.	Unclear. Likely residents only.

APPENDIX 3

Increases in ADA Paratransit Demand 2003-2008

Appendix 3 Increases in ADA Paratransit Demand 2003-2008

Agency	Jurisdiction	% Increase
Dallas Area Rapid Transit (DART)	Dallas, Texas	3%
Memphis Area Transit Authority	Memphis, Tennessee	3%
Broward County Office of Transportation	Broward County, Florida	5%
Memphis Area Transit Authority	Memphis, Tennessee	5%
Southeastern Pennsylvania Transportation Authority (SEPTA)	Philadelphia, Pennsylvania	6%
Regional Transit System (RTS)	Gainesville, Florida	10%
The Rapid	Grand Rapids, Michigan	10%
Madison Metro Transit	Madison, Wisconsin	12%
King County Metro Transit	King County, Washington	14%
San Mateo County Transit District	San Carlos, California	15%
Suburban Mobility Authority For Regional Transportation	Detroit, Michigan	15%
Metro Mobility	St. Paul, Minnesota	16%
Capital Area Transportation Authority	Lansing, Michigan	18%
North County Transit District	Oceanside, California	18%
Community Transit	Everett, Washington	21%
Sarasota County Area Transit	Sarasota, Florida	25%
La Crosse MTU	La Crosse, Wisconsin	27%
Capital Metropolitan Transportation Authority	Austin, Texas	28%
Jacksonville Transportation Authority	Jacksonville, Florida	28%
Golden Gate Bridge, Highway and Transportation District	San Francisco, California	29%
Island Transit	Coupeville, Washington	30%
Winston Salem Transit Authority	Winston Salem, North Carolina	30%
Special Transportation System (STS), Charlotte Area Transit System (CATS)	Charlotte, North Carolina	38%
Manatee County Area Transit	Bradenton, Florida	50%
Valley Metro Regional Public Transportation Authority	Phoenix, Arizona	100%

(Source: Center for Urban Transportation Research, University of South Florida, May 2009, page 16)

APPENDIX 4

Legislation Pertaining to Specialized Transit Eligibility

Appendix 4 Legislation Pertaining to Specialized Transit Eligibility

The Nelson\Nygaard team conducted a search of legislative or regulatory language that could affect the implementation of specialized transit eligibility throughout Canada. The research confirmed that there is very little legislative language that specifically addresses this issue, thus reinforcing the need for the development of voluntary codes. Following is a breakdown by jurisdiction:

British Columbia

British Columbia's *BC Transit Act* has the following provision:

Custom transit service — eligibility

The following persons are designated as eligible for custom transit service:

- a) persons with disabilities as defined under the *Disability Benefit Programs Act*;
- b) persons who have a disability, either permanent or temporary, confirmed by a medical practitioner, that is sufficiently severe that the person is physically unable without assistance to use conventional transit service.

In Metro Vancouver, BC's *South Coast BC Transportation Authority Act*, which empowers TransLink, does not include eligibility criteria itself; rather it states TransLink can develop its own eligibility criteria for custom transit services.

Alberta:

The Alberta Human Rights Act has very general language regarding discrimination against people with disabilities, but nothing specific to specialized transit eligibility has been found.

Saskatchewan:

Nothing found.

Manitoba:

Nothing found

Ontario:

See Appendix 5: AODA

Québec:

See Page 3-12 and

http://www.mtq.gouv.qc.ca/portal/page/portal/Librairie/Publications/en/transport_collectif/adapte/admissibilite.pdf

New Brunswick:

Nothing substantial found. New Brunswick's *Disability Action Plan Strategy (2007)* states the following transportation objections:

- To increase the number of carriers who offer affordable and accessible transportation services for travelling in our communities and across New Brunswick.
- To develop programs of financial incentives to enable non-profit community organizations and private taxi companies to acquire and operate accessible vehicles for public transportation for seniors and/or persons with disabilities.
- To conduct public awareness campaigns and possibly offer incentives to encourage private citizens to offer rides to people who do not have access to transportation of their own.

Nova Scotia:

Nothing found

Prince Edward Island:

Nothing found

Newfoundland and Labrador:

Provincial Strategy for the Inclusion of Persons with Disabilities in Newfoundland and Labrador

- Goal 3.3: To increase accessible and affordable transportation options throughout the province.
- Deliver services with dignity, fairness, and respect

Yukon Territory:

Nothing found

Northwest Territories:

Nothing found

Nunavut Territory:

No transit service.

APPENDIX 5

Accessibility for Ontarians with Disabilities Act: Eligibility Criteria and Process Requirements

Appendix 5 Accessibility for Ontarians with Disabilities Act: Eligibility Criteria and Process Requirements

Eligibility Application Process

64. (1) If a person has completed an application for eligibility for specialized transportation services and the person's eligibility has not been determined within 14 calendar days after the completed application is received by the specialized transportation service provider, the person shall be considered to have temporary eligibility for specialized transportation services until a decision on his or her eligibility is made.
- (2) A specialized transportation service provider shall not charge a fee to persons with disabilities who apply or who are considered eligible for specialized transportation services.
- (3) A specialized transportation service provider may require a reassessment of the eligibility of temporarily eligible registrants at reasonable intervals.
- (4) A specialized transportation service provider shall, upon the request of the person requesting specialized transportation services, make available to the requester all of his or her specialized transportation services eligibility application and decision information in accessible formats.
- (5) A specialized transportation service provider shall establish an independent appeal process to review decisions respecting eligibility.
- (6) A specialized transportation service provider shall make a decision on an appeal with respect to eligibility within 30 calendar days after receiving the complete appeal application, but if a final decision is not made within the 30 days, the applicant shall be granted temporary eligibility until a final decision is made.
- (7) Specialized transportation service providers shall meet the requirements of this section by **January 1, 2014**.
- (8) A specialized transportation service provider shall have policies respecting the collection, use and disclosure of personal information collected for purposes of determining eligibility under this section.
- (9) In this section, "personal information" means personal information within the meaning of the *Freedom of Information and Protection of Privacy Act*.

**Canadian Specialized Transit Eligibility Certification Program
Overview of U.S. and Canadian Experience**

Canadian Urban Transit Association

Categories of Eligibility

- 63.(1) Every specialized transportation service provider shall have three categories of eligibility to qualify for specialized transportation services,
 - (a) unconditional eligibility;
 - (b) temporary eligibility; and
 - (c) conditional eligibility.
- (2) For purposes of eligibility for specialized transportation services, specialized transportation service providers shall categorize persons with disabilities as follows:
 1. A person with a disability that prevents them from using conventional transportation services shall be categorized as having unconditional eligibility.
 2. A person with a temporary disability that prevents them from using conventional transportation services shall be categorized as having temporary eligibility.
 3. A person with a disability where environmental or physical barriers limit their ability to consistently use conventional transportation services shall be categorized as having conditional eligibility.
- (3) A specialized transportation service provider may deny requests for specialized transportation services to persons who are categorized as having temporary eligibility or conditional eligibility if the conventional transportation service is accessible to the person and the person has the ability to use it.
- (4) Specialized transportation service providers shall meet the requirements of this section by **January 1, 2017**.